

THE LIVED EXPERIENCE OF
SENSING THE PRESENCE OF THE DECEASED

by

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ABSTRACT

A common experience among mourners is thinking they have seen, heard, or experienced the presence of the deceased. In counselling literature these experiences are characterized as hallucinations that occur as a symptom of grief. Mourners often believe they are in contact with another reality and as a result feel that mental health professionals misunderstand them, leading to a silencing of the phenomena. In order to be more helpful to these prospective clients, counsellors need a deeper understanding of the experiences from the perspectives of those having them.

The purpose of this descriptive phenomenological thesis is to portray the lived experience of perceiving the presence of the deceased as described by seven participants having had the experience. The interview data were transcribed and analyzed for common themes through a process adapted from Colaizzi (1978). Although much was discovered, the most fundamental findings were that the experiences were best described as spiritual and had positive effects on the participants. Other findings included the inability of participants to find words that could describe their experiences, the limited willingness to share their experiences with others, the inability of the participants to control their experiences, and the discovery that participants were not always grieving when the experiences occurred.

These findings raise important questions concerning counsellors' approaches to clients. Knowing how to encourage disclosure of the experience, or how cultural differences affect the experiences, or the extent of effects that these experiences have on peoples' lives could be particularly beneficial to counsellors.

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Barb

FOREWORD

I AM NOT THERE

Do not stand at my
grave and weep;

I am not there I do not sleep.

I am a thousand winds that blow,

I am the diamond glints on snow,

I am the sunlight on
the ripened grave,

I am the gentle autumn's rain.

When you waken in
the morning's hush,

I am the swift uplifting rush,
Of the quiet birds in circulated flight,

I am the soft stars that
shine at night.

Do not stand at my grave and cry,

I am not there, I did not die.

From the Innisfail Booster

March 8, 1999.

CHAPTER ONE

INTRODUCTION

Statement of Concern

At some point in life every adult is likely to experience grief due to the death of a loved one. Despite its common occurrence, Rando (1992-93) suggests there is a lack of knowledge about grief among mental health professionals, which contributes to its mistreatment. One aspect of bereavement, relatively untouched in the grief literature, is the belief that one sees, hears, or otherwise experiences the presence of the deceased (Rando, 1984). As Sharon Butala (1995) writes in her inspirational narrative:

This is the story of something very strange that happened to me once a long time ago. I tell it for the first time here because I've since heard similar stories from two other people. It is, I see, not uncommon, and when it happens it is an experience of profound spirituality, perhaps morality, so deep that entire lives are changed. (p. 56)

Butala goes on to explain: "...Ahead of me was the figure of the dead one I'd loved...." (p. 57). These experiences, although fairly common, are not well recognized or researched.

Friends and acquaintances of mine have expressed similar experiences. A neighbor expressed that she had many very life-like dreams in which her deceased husband would appear. She wondered if she was dreaming or if her husband was actually communicating with her. A client disclosed an upsetting experience where his father, after committing suicide, had come to visit his son at the bedside. His father told him that he was not happy where he was. Still another occurrence was reported to me by a seven year old. She recalled her experience from four years earlier when her father had committed suicide. This young girl reported that her deceased father had visited her in the front room of their house. She said, "I was mad and sad. I was sad because I knew I

wouldn't see him again and I was mad because he killed himself. He told me that it was O.K., because God was giving him another chance." Many similar experiences are most likely reported to others, but rarely are they taken beyond disclosure; that is, rarely are they studied. My perceptions of these experiences, at this point, were that the experiences were rare and, when they did occur, their intensity would reflect the intensity of the mourner's grief. I suspected my views were not so different from the general population.

When experiences of perceiving the presence of the deceased are mentioned in the scientific literature they are usually brief statements from the point of view of the researcher, counsellor, or mental health professional. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, or DSM IV, (American Psychiatric Association, 1994), acknowledges the existence of these experiences and considers them to be non-pathological hallucinations which occur during bereavement. In bereavement literature they are considered within the framework of grief symptoms. Rando (1992-93), for example, talks of "a woman hearing her deceased husband's voice", referring to the phenomenon as a common symptom of grief. Worden (1991), referring to the phenomenon as hallucinations, states that hallucinations of both visual and auditory types are a normal, common component of grieving behaviour and are not related to more difficult or complicated mourning experiences. Some people, he says, are frightened by the experience while others find it comforting. As a bereavement therapist, Worden reflects on the lack of knowledge of these experiences within the mental health community. He recognizes the discrepancy between these experiences and other sources of hallucination when he states that, "...it is interesting to speculate on whether these are really hallucinations or possibly some other kind of metaphysical phenomena" (p. 26). It

appears that there are few, if any, experiential accounts from the perspective of the mourner. Although there are some in non-academic literature, these accounts have not, to my knowledge, been studied systematically.

Some professionals remain unaware of the experience of perceiving the presence of the deceased even though the DSM IV (American Psychiatric Association, 1994) describes the phenomenon as a non-pathological grief symptom. There is so little awareness that some mental health practitioners have mistaken the phenomenon for dementia (Lister, 1991) or pathological symptoms (Rando, 1992-93). Mourners believe them to be metaphysical or spiritual experiences. These conceptual differences between psychiatrists, counsellors, and clients can conceivably hamper the therapeutic process.

My personal interest in this phenomenon lies in the area of acknowledgment. I feel that as professionals we too often conclude that clients' experiences of the deceased are irrelevant to counselling. Despite the attempts of our clients to relate their beliefs to us, we continue to pathologize or delineate their experiences into categories such as symptoms, irrational beliefs, reality distortions, and so on. Nobody knows the absolute truth as to whether life after death exists or not, or that if it does, whether the dead can communicate with the living. I do not believe it is fair for professionals to assume that clients are hallucinating when they continue to insist that their experiences are genuine contacts with the deceased. I feel that we are performing a disservice to clients while ignoring many valuable experiences.

After completing a degree in science, I feel I am well trained in the empirical methods of measurement, but I am disappointed in that I feel the human experience side of science is overlooked. The experience of perceiving the presence of the deceased is

one that I feel has rarely been taken seriously by the sciences, but one I consider valuable. I am curious.

Research Questions and Research Method

The purpose of this research is to reveal the human experience of perceiving the presence of the deceased so that researchers, mental health professionals, and the public can gain a better appreciation and understanding of it. Specifically, the questions that guided this research were as follows:

- What *is* the experience of perceiving the presence of the deceased from the perspective of the person who is mourning?
- In particular, How is it described?
- Does having the experience influence one's sense of self?

If so, in what way?

- In what ways does the mourner experience this?
- When is it experienced?
- Has the experience been shared with others before?

If so, with whom?

The answers to these questions can provide a deeper understanding of the experience of perceiving the presence of the deceased.

This thesis explores the experience of perceiving the presence of the deceased using descriptive phenomenology. The aim of phenomenological analysis is to bring to the surface and express an awareness of the meanings which underlie human experiences (Van Manen, 1990). When approaching a research topic such as this one, the researcher

attempts to perceive the experience as if it is observed for the very first time; free of all theoretical lenses (Spiegelberg, 1994). Sight, sense, and sound are all utilized as perception instruments (Merleau-Ponty, 1962). The phenomenon is described in this sense; as it stands, and on its own (Van Manen, 1990). More specifically, descriptive phenomenology is a qualitative approach to research which explores the way the world is experienced. It asks questions at the level of human experience to provide an in-depth knowledge that traditional empirical research does not (Spiegelberg, 1994). In the study, this was achieved via in-depth interviews with those who have personally experienced perceiving the presence of the deceased. Participants provided descriptive accounts of the experience which were then analyzed for the meanings embedded within them. Themes were extracted from the experiences and then described in light of their deeper meanings. These descriptions help shed light on the experience from the participants' perspectives.

Rationale

Both professional and lay persons can benefit from a greater understanding of the experience of perceiving the presence of the deceased.

Professionals and para-professionals working with people in grief can benefit by learning how and in what way the experience of perceiving the presence of the deceased compares with current grief theories/models. Lay persons can benefit by knowing how they can be effected as individuals in their own grieving processes. As a death-denying society (Horacek, 1991) that invests millions in anti-aging creams and health care plans, Westerners need to begin to acknowledge grief and death for the real effects they can

have on lives (Fulton & Owen, 1987-88). Worden (1991) states that many people in Western societies may actually be uncomfortable with mourners' feelings and may not always give mourners permission to grieve openly. He is supported by Horacek (1991) who agrees that "our society seems uncomfortable with strong outward displays of mourning" (p. 469). Also, with a deeper understanding, the public could supply more social support to those experiencing the presence of the deceased (Worden, 1991).

Summary

The experience of perceiving the presence of the deceased among mourners has not to my knowledge been examined through the use of phenomenology. It deserves such treatment. As Colaizzi (1978) says, "To deny experience ... is to not be objective" (p. 52). In other words, in order to understand a phenomenon as objectively as we can, we must include, not just the empirical level of understanding, but also the lived experience. The information derived from this analysis may help professionals and non-professionals approach mourners with greater wisdom and sensitivity.

CHAPTER TWO

LITERATURE REVIEW

Very few studies focus on the experience of perceiving the presence of the deceased and when they do, the experience is labeled differently by different researchers, or the phenomenon is depicted within a group of grief symptoms; that is, it is not isolated. Statistics on how common the phenomenon is also vary. Understanding what researchers are studying and understanding the experiences that participants are claiming to have had appear to be stepping stones toward validating statistics and responding to client needs.

The literature on grief is expansive, yet grief remains a human condition which is not well understood (e.g., Cowles & Rodgers, 1991; Horacek, 1991; Rando, 1992-93). There are many different models and conceptualizations of the grief process, but none seem to acknowledge all aspects of bereavement behaviours (Rando, 1984). One common component of grief that is relatively ignored in the literature is that of perceiving the presence of the deceased person by the mourner (Rando, 1992-93; Worden, 1991; Lister, 1991). Although the DSM IV (American Psychiatric Association, 1994) defines its occurrence and many bereavement professionals recognize it, it is still often mistaken as an abnormal behaviour (American Psychiatric Association, 1994; Rando, 1992-93; Lister, 1991).

One indication of the misunderstood nature of perceiving the presence of the deceased is the fact that there are many different perceptions of the phenomenon. Most mental health professionals who realize the phenomenon exists, explain experiencing the presence of the deceased as hallucinations that occur during bereavement (Worden, 1991; Lister, 1991; Rando, 1992-93). Some explain the experiences as possible metaphysical

phenomena (Worden, 1991; Hufford, 1992), and some define them as spiritual experiences (Guggenheim & Guggenheim, 1995). These first two claims appear to be based on the experiences of mental health professionals rather than on the experiences of those perceiving the presence of the deceased. Guggenheim and Guggenheim (1995) are the exception in that they base their claims from the perspectives of those having the experiences. They collected over 1200 reports of the experience directly from those who claim to have perceived the presence of the deceased. However, the data were not systematically collected and examined. Thus, due to differences among researchers as to the nature of the phenomenon and the lack of systematic examination of the phenomenon, there is little consistency available to mental health professionals.

Prevalence

Statistics on the prevalence of the experience of perceiving the presence of the deceased, vary. In their article on verbal hallucinations among normal people, Barrett and Etheridge (1992) showed that among 586 normal subjects (showing no signs of pathology), 345 reported some type of verbal hallucination. 6.3% of the 345 normal subjects claimed that the hallucinations were the voice of a dead relative. Given that the mean age of the subjects was 20.24 years, and that reported hallucinations were of auditory nature only, and that the researchers suspected reports were low, an estimate on how common this experience is can hardly be achieved. In his commentary on paranormal experiences in the general population, Hufford (1992) notes a poll done by Gallup and Newport in 1991 which revealed that 17% of the sample indicated a belief they had been in touch with someone who had died. Reporting on a number of polls taken

across the United States and Canada in a number of disciplines, Guggenheim and Guggenheim (1995) claim the experience occurs in 20% of the American population. Greeley (1996) noticed that the newer the study the higher the number of people reporting to have hallucinated the presence of the deceased, 25% in 1972 compared to 40% in 1984. He suggests that people are becoming more willing to admit they have had an experience of this nature. I suspect that some of this variability could be due to confusion as to what to label or how to describe these experiences.

Hallucinations?

In mental health and counselling practices the experience of perceiving the presence of the deceased is often referred to as an hallucination in which the experience is the result of such wishful thinking on the part of the mourner, that the deceased is perceived to be still alive. It is contended that the mourner's psychological makeup creates the illusion that the deceased still exists in some other form, that is, metaphysically or spiritually (e.g., Rando, 1984; Worden, 1991; Yates & Bannard, 1988).

Rando (1984) claims that a wish to undo the loss is the mourner's natural response. This wish manifests itself as a preoccupation with the deceased; for example, in dreaming of the deceased, actively searching for the deceased or thinking the deceased has been seen (Rando, 1984). It is during this phase Rando claims, that a "significant portion of mourners actually experience some type of visual or auditory hallucination of the deceased, or *feel* an intuitive, overwhelming sense of her presence". She explains the phenomenon as an attempt to cognitively restructure the death so that the mourner can

feel as if he or she knew it was going to happen. This creates a sense of control and predictability in a world that has lost order (Rando, 1984).

Although Rando's (1984) model appears to be one of the most comprehensive and accepted (Worden, 1991), some question her reasoning for the occurrence of perceiving the presence of the deceased (e.g., Worden, 1991; Hufford, 1992). This is because the experience of perceiving the presence of the deceased is so overwhelmingly real to those having it and the fact that life after death has not been proven to either exist or not exist. Some researchers (e.g., Worden, 1991; Hufford, 1992) consider the possibility that these may be subjectively significant experiences of the deceased rather than psychological manifestations of the mourner.

Metaphysical Phenomenon?

According to Webster's Dictionary (1989), "metaphysical" means "preternatural or supernatural." Analysis of the meanings of these words brings one to conclude that metaphysical means "beyond what is natural" and "that which is above or beyond the established course of laws of nature" (Webster 1938). Thus, for those who claim that perceiving the presence of the deceased may be a metaphysical experience, they can no longer base their claims within the laws of science. The very nature of metaphysics, "that which is above or beyond the established laws of nature," works to baffle the laws of science. Empirical science, at least to date, cannot prove whether or not perceiving the presence is metaphysical or otherwise. On the part of many researchers and mental health practitioners the question remains a possibility, yet the idea that the phenomenon could be

metaphysical seems a bizarre claim to make; at least in Western societies (Rosenblatt, et al., 1976).

After reviewing research from several different disciplines Greeley (1996) drew this conclusion.

The efforts of the Society for Psychic Research, ...have not, despite almost a century of effort, been able to resolve the issue of whether 'the dead return'. While a reading of the long history of that debate might lead one to conclude that those who answer 'yes' have ever so slightly more evidence on their side than those who would answer 'no,' the issue has not been settled and is not likely ever to be settled by the techniques of empirical science. (p. 227)

Thus, because of differing views as to how to classify the experience of the presence of the deceased, the scientific community has become divided on how to describe or label the experience. This in turn has created varying statistics and terminology for referring to and studying the phenomenon.

Spiritual Experiences?

Guggenheim and Guggenheim (1995) claim that the experience of perceiving the presence of the deceased is a spiritual experience. Their work came to my attention upon the completion of the initial analysis and description of themes found in this study.

Guggenheim and Guggenheim (1995) have collected over 1200 accounts from across Canada and the United States from those claiming to have had the experience. By describing some experiences and asking others if they have had similar experiences, people have shared their stories with Guggenheim and Guggenheim. These collections were obtained via mail, e-mail, telephone, and person to person but were always first-

hand accounts. They do not include in their archive, stories handed down to them through a second person.

Guggenheim and Guggenheim's (1995) method of collection appears to lack any consistent means of obtaining data. They do not present a system with which to analyze the stories. It seems that Guggenheim and Guggenheim have simply listened to the stories and created a series of categories into which they file these accounts. They do not appear to systematically analyze the meanings embedded in the experiences, neither do they explain why they would define perceiving the presence of the deceased as spiritual experiences rather than hallucinations or metaphysical experiences. It seems they just define the experiences based on their own beliefs and experiences with the stories.

Although their research is simply a process of collection and categorization, they have made some interesting discoveries due to the sheer amount of data they have accumulated. They also have provided a term for the experience; *after death communication*, or ADC. They define ADCs as follows:

An after death communication, or ADC is a spiritual experience that occurs when someone is contacted directly and spontaneously by a deceased family member or friend. An ADC is a direct experience because no intermediary or third party such as a psychic, a medium, or a hypnotist is involved. The deceased relative or friend contacts the living person directly on a one-to-one basis. An ADC is a spontaneous event because the deceased loved one always initiates the contact by choosing when, where, and how he or she will communicate with the living person. (p. 15)

Ellwood (1993) describes a spiritual experience as a transcendence from this reality to another that is perceived as real, but is not always logical. ADCs too, are perceived as a transcendence from this reality to another and they are perceived as real by those who have them (Guggenheim & Guggenheim, 1995). In fact, those having the experiences

describe a reality in which they believe they are closer to the ultimate truth during the ADC than at any other time (Guggenheim & Guggenheim, 1995). In this sense, the definition of ADC's as spiritual experiences supplied by Guggenheim and Guggenheim (1995) does appear to adequately describe the experience.

Ellwood (1993) claims that the transcendence from a physical existence to a spiritual one is often perceived to be a glimpse into a reality which constitutes a greater connection to a higher power or God. This higher power is regarded as being superior to mortals and highly knowledgeable. It is commonly believed by many that when we die we become better connected to this knowledge of the higher power (Greeley, 1996). The reality perceived during an ADC then, is conceivably a glimpse into this spiritual after-life, that is, if it does exist.

The confusion surrounding what to label the experience of perceiving the presence of the deceased: hallucination, metaphysical, or spiritual, is but one testimony that these experiences are not well understood. It appears that various researchers simply label the experiences based on their own understanding. This creates confusion in the research field. For example, to ask participants to share their spiritual experiences may create a completely different set of data than if a researcher were to ask people to share their hallucinations. The starting point may be to clarify the nature of what it is we are studying.

What Is Known

Very few researchers have put their efforts toward understanding this phenomenon. However, when perceiving the presence of the deceased is studied, it has

often been found to have positive effects on mourners (Klass, 1992-93; Guggenheim & Guggenheim, 1995; Kessler, 1987) and has been found to be a global phenomenon (Rosenblatt, et al., 1976). It is important to note here that I avoided any descriptive accounts of perceiving the presence of the deceased until I concluded the analysis of the research data. The purpose for this lies in the fact that phenomenology directs researchers to put preconceptions of the experience to the side. This avoidance of descriptive accounts on my part was one way to keep my descriptions of the phenomenon free of prior theory.

Klass (1992-93) discovered positive changes in the world views of bereaved parents as a result of parents' perceptions of the 'inner representation of the deceased child'. However, it is impossible to isolate the effects of perceiving the presence of the deceased because Klass' construct, "inner representation of the deceased", includes sensing the presence, hallucinations, the use of linking objects, and incorporation of characteristics or virtues of the deceased child.

Guggenheim and Guggenheim (1995) have also noted positive effects as a result of experiencing the presence of the deceased. From the 1200 catalogued accounts, they found that these experiences helped resolve grief, provided hope to mourners, prompted the exploration of religion and spirituality, strengthened belief in one's God, and prompted mourners to live life more fully.

A more general study of grief was performed by Kessler (1987). In her phenomenological analysis of the effects of grief on mourners she discovered positive changes in mourners' life perspectives and a greater awareness of the human condition.

However, Kessler makes no mention of her participants having experienced the presence of the deceased.

Another study, by Rosenblatt, et al. (1976), reported that when bereavement characteristics are identified cross-culturally, Americans are isolated in their belief that life after death does not exist. Out of the 66 cultures examined in this study, all but one, believed that the deceased continue to exist after the physical death of their bodies.

A phenomenon reported to have such positive effects and world-wide attention deserves to be studied. Horacek (1991) claims that some of the misunderstandings of grief, and this can include perceiving the presence of the deceased, could be resolved through more in-depth interviews with people who have experienced it. To learn what the experiences are like from the perspectives of those having them, mental health professionals would be in a better informed position from which to help clients during bereavement.

What Can We Learn?

By understanding the experience of perceiving the presence of the deceased from the perspectives of those having them, researchers are in a better position from which to study them systematically. By agreeing on a neutral term, understanding the meaningfulness produced by the experience for the bereaved, or even simply knowing the experience exists and its effects, researchers as a whole, may be better prepared to study the phenomenon.

Greeley (1996) emphasizes this point.

...if a substantial proportion of the population thinks it has happened, then the incidence and the prevalence, the antecedents and the consequences of this story of their experiences are well worth studying if only so that those of us who minister in one way or another to human health might not be utterly ignorant of a widespread and quite possibly powerful phenomenon. (p. 227)

Conclusion

Commonly referred to as a symptom of grief, the experience of perceiving the presence of the deceased is not well understood. It is apparent that the belief in an after-life is world-wide, yet North Americans still shun the experiences of those who believe they have been in contact with the deceased. Regardless of whether the experience is called an hallucination, a metaphysical encounter, or a spiritual experience, these experiences appear to have positive effects on mourners and are not particular to certain cultures. However, studies drawing these conclusions often combine this phenomenon with other grief symptoms; thus, confusing the source of the effects. Often the studies are based on opinion and leave crucial gaps in what is known about them. Lacking, is systematic inquiry into the nature of the experience from the perspectives of those having them and identification of the meanings surrounding the experience for those of us in Western Canada.

This study is one attempt to begin to fill in those gaps by the use of phenomenological analysis. This inquiry will help mental health professionals appreciate the experiences of their clients and put them in a better position to help clients during bereavement.

CHAPTER THREE

RESEARCH PROCESS

Descriptive Phenomenology

Phenomenology is a qualitative research approach which aims to reach into the depth of human nature, seeking to discover the essence that makes a phenomenon what it is. In this way, we can understand “more fully who we are” (Van Manen, 1990, p. 12). Spiegelberg (1994) explains that phenomenology looks toward the phenomena and sees it as it appears when free of prior knowledge and theory. He states that the phenomenological movement is a re-constructive effort on the part of human science researchers that seeks the pure form of a phenomenon. Our direct contact with the world, our experiences as we live them when free of psychological explanations or causal states is the true starting point of any science (Merleau-Ponty, 1962; Colaizzi, 1978; Orth, 1984). Merleau-Ponty (1962), a leading phenomenological philosopher, argues that we cannot expect to acquire an understanding of ourselves and the world without first acknowledging the world that is already there.

Munhall and Oiler Boyd (1993) describe phenomenology as, first and foremost, a philosophy; a way of thinking, a style, a mode of being, and an attitude. They summarize the philosophical underpinnings of phenomenology as follows:

1. Reality and truth come about as human consciousness interacts with the concrete world, circumstances, people, situations, and objects.

2. Individuals create their own subjective perspectives of the world and of themselves in a unique way. This is dependent upon the way in which each individual has situated him or her self within the greater world.
3. Living through a situation, event, or circumstance is experience. Experience is subjective and is known only by reflecting on it.
4. Awareness of an experience prior to reflecting on it is perception and is dependent on an individual's perspective or how an individual has situated him or her self in the world.
5. Our perceptions are colored by our differing modes of awareness through which reflection provides varying interpretations and meanings. Interpretations and meanings, in turn, are dependent on experience.
6. The way in which we express our awareness reflects on the world. A scientific awareness, for example, is reflected in a different manner than a personal awareness. In this way, each description of a phenomenological experience reflects not only that which is coming into awareness, but also the prior experience of the analyst.

By applying this phenomenological philosophy, this research approaches experience. By setting aside all that has been previously learned of the experience of perceiving the presence of the deceased and looking at it as if seeing it for the very first time, the researcher describes what she sees.

Phenomenological Method

Descriptive phenomenology is used in this study. The task of descriptive phenomenology is to understand, clarify and describe the meanings embedded in an experience (Orth, 1984). How this is achieved is explained in the following paragraphs.

Throughout the research process the researcher approaches the phenomenon with “intentionality.” This means the researcher must use concentration and become aware of that which is being perceived. All perceptions of the phenomenon must reach a level of consciousness, whether they be real or imaginary (Klein & Westcott, 1994). By using a process called bracketing, the researcher suspends any prior beliefs or knowledge he or she may have had prior to the beginning of the study (Schutz, 1971). All practical knowledge is laid aside. Remaining is only the researchers’ mode of awareness and consciousness of the phenomenon itself, which includes dreams, feelings, and fantasies, just to name a few (Schutz, 1971). Bracketing is practiced when any knowledge gained from reflection is laid aside so that only that which can be perceived directly from the phenomenon itself is concentrated on and included in the study. All that is left for observation is the phenomenon as it is perceived, in its mode of appearance (Schutz, 1971). Intentionality allows the researcher to experience the essence of the phenomenon.

While experiencing the essence of the phenomenon the researcher uses intuition, analysis, and description. It could be said that description is the final product of the research, however it is not the last in a series of steps. Intuition, analysis, and description are fluid, revolving, integrating pieces which are acts that are not clearly separated in the phenomenological method (Spiegelberg, 1994). Each is described in the following paragraphs.

Intuition is described by Spiegelberg (1994) as “not getting blinded”, “looking and listening”, and “opening the eyes”. Husserl explains it as “grasping” or “seeing” the phenomenon (as cited in Klein & Westcott, 1994). The process is not magical or mystical; rather it is the act of recognizing the phenomenon as it is perceived in its pure form (Klein & Westcott, 1994). It is the ability to reflect on the phenomenon without the interference of any prior knowledge; to see it as it appears in the moment.

In order to identify those parts that are essential in making the phenomenon what it is, a process called analysis is used. Analysis is rarely set apart from phenomenological intuition or even description (Spiegelberg, 1994). It is a process that uses “free imaginative variation” or the use of mental imagery to add or remove parts of the experience in order to see if and how it varies (Spiegelberg, 1994; Klein & Westcott, 1994). Those parts that change the experience, if removed or altered, are seen as essential to the phenomenon. All that appears and the way in which they appear are systematically explored (Spiegelberg, 1994). A simple example may be to imagine a cup with a handle. Now imagine the cup without a handle. The cup is still a cup. Now imagine the cup without the bowl. This changes the essence of the cup. It is no longer defined as a cup. The handle is not essential to the structure of the cup; the bowl is. The goal of this process is to identify the essential and non-essential aspects, thus revealing the structure of the phenomenon itself (Spiegelberg, 1994). The structure is identified by the researcher through the dialectical process between researcher and the data (Munhall & Oiler Boyd, 1993).

Phenomenological describing begins with the researcher reflecting on the data (Spiegelberg, 1994; Munhall & Oiler Boyd, 1993). It evolves as the researcher becomes

aware and describes the parts and how they are related or vary (Klein & Westcott, 1994). The use of metaphors or comparisons to related phenomena are useful ways of communicating essences of that which is being described (Spiegelberg, 1994), thus creating an awareness that allows the reader to experience the foundations of the phenomenon (Van Manen, 1990). In this way, the result of phenomenological description is more than a straight-forward research report. It is the result of a process of writing, re-thinking, reflecting, and rewriting. Writing and re-writing creates a depth that can be compared to an artist's efforts of sculpting, reflecting, and re-sculpting until the true art form, as the artist perceives it, is revealed (Van Manen, 1990). Phenomenological writing is an exercise in the sculpting of words and written discourse until the true essence of the phenomenon is displayed.

In order to capture the lived experience, the author must close the distance between experiencing and reporting. The written words must allow the phenomenon itself to shine through (Van Manen, 1990). To achieve this, the author needs to change the style of research writing from reporting to a more artistic and creative writing that reveals the true nature of the phenomenon. This style of writing blends the researcher's personalized sense of understanding into the phenomenological description; in the case of this thesis, the reflections of a counsellor.

Phenomenological Procedure

There are many ways to concretely carry out the procedures of phenomenological methods. Following are Colaizzi's (1978) seven steps as they were adapted and utilized in this research.

Step 1. Descriptions of the experience are gathered from those who have had lived experience with the phenomenon under study. This can be achieved through stories, poems, conversations, diaries, and other sources that may help the researcher glimpse into the nature of the experience (Van Manen, 1990). Conversations, inspirations, and other interpretive acts help reveal the meanings embedded in the lived experiences (Van Manen, 1990).

The major sources of exploration in this study were open-ended questions in interviews with research participants who had experienced the phenomenon personally. The question format integrated Rothe's (1993) suggestion that the purpose of the interview questions are merely to guide the researcher and keep the researcher and participant within the content of the study; therefore, loosely-structured questions were used to guide the conversations with participants. This loose question format allowed participants to pursue areas that were most meaningful to them, yet maintained the focus of the research area. (See Appendix A for question format). Participants were asked to avoid any interpretations they may place on their experiences and to describe the experiences as they recalled they had been at the time of occurrence. A friend who had disclosed a similar experience helped to pretest the question format. The interviews varied in length from thirty-five to ninety minutes. Intentionality was practiced during the interviews through the process of attentive listening and an awareness of nuances of speech and gesture.

A stance of empathic caring and listening (Van Manen, 1990) elicited memories of emotions that participants associated with their experiences. This worked to capture

the experience more fully. Transference of emotion from the participant to the researcher (Van Manen, 1990) occurred with two of the participants. It was important for me, the researcher, to share my feelings with the participants. In both instances this sharing appeared to generate a freer flowing discussion and participants shared their experiences on more intimate levels than they had previous to this, thus revealing more meaning associated with the experience.

Interviews were taped and transcribed. They were audio taped with a lightweight, Sony table top cassette recorder (model TCM-939), designed specifically for interviews. Features of this model include tape end cue, tape counter, and built-in microphone with option for external microphone. An external microphone was used in order to capture voice clarity. My own assumptions and theories that developed from reflecting on the phenomenon during the interviews were not used, to the best of my abilities, in any way that might suggest ideas to participants. I attempted to keep my questions free of any assumptions I may have had, and I worded them in a way so as to clarify or move deeper into the experience rather than make suggestions.

All audio tapes were transcribed verbatim as a means of familiarizing myself with the data and providing a time for reflection on the interview content. The nuances of speech and gesture were integrated into the transcripts in order to capture the significance of what was being described. Any assumptions I developed during transcriptions were set aside or bracketed.

The transcript format used was adapted from Bogden and Biklen (1992). As they did, I created a left hand column displaying the transcribed interviews complete with speech nuances and gestures. In order to protect the anonymity of the participants

pseudonyms were chosen by either the participants themselves or by the researcher. A sample of transcribed material appears in the left hand column of Appendix B. The transcripts include, in brackets, additional information. For example, missed words that clarify the meaning of transcripts that might have become obscured once they were taken out of their greater context are in squared brackets, e.g., "It [the experience] was wonderful." Non-verbal information that was important to the meaning of what was said is in rounded brackets, e.g., "Then (sigh) she left (laughs)." The transcripts obtained from the interviews with the seven participants, were subjected to the following six steps.

Step 2. Step two was to read the transcripts, called protocols, to acquire a feeling for them. I attempted to understand the essence of the experience intuitively, through the words of the participants, to understand what the experience was like for them. To the right of the transcriptions, I titled a margin "Interpretation Notes." This margin was used to record the meanings and interpretations derived from the transcripts, and to note thoughts and comments that were derived from reflection on the content of the interviews. Special attention was paid to the origin of words which may have lost their meaning through overuse or "fossilization" (Van Manen, 1990). Attempts were made to re-capture the significance of words or phrases that could help to elicit the lived quality of the experiences. For example, the essence of the word, meaningfulness, gained greater significance when broken down and analyzed into the words "meaning-fullness". The goal was to capture the significance of the overall meaning of the experiences so that the significance could be described. An excerpt from Ria's initial interview with my interpretation notes can be seen in Appendix B. A coding system was used so that one could always locate where protocols and interpretations were derived because as will be

demonstrated, sentences, phrases and paragraphs are later removed from the greater text. For example, R13-14 means pages 13 and 14 of Ria's transcribed interview.

Step 3. Phrases, sentences, and paragraphs that related directly to the phenomenon were extracted from the protocols. Van Manen (1990) describes this as the identification of those accounts which are essential to the experience and those which are accidental. Repetitions and irrelevant material were eliminated.

Step 4. Formulated meanings were created by trying to describe the meaning of each statement. This involved "creative insight" which meant that the researcher had to infer or interpret from what was said to what was meant. The formulations discovered and illuminated hidden or deeper meanings.

Steps three and four can be seen in Appendix C. First, and appearing in the left hand column, are the extracted phrases or sentences from the protocols that relate directly to the phenomenon. These are called significant statements. Next, and appearing in the right hand column, are the formulated meanings as derived from the content of the protocols. The codes used here include a number added to the end of the participant and page codes. This number was used to identify the phrase or sentence that was extracted from the text. For example, R13-50 identifies this significant statement as the 50th extracted phrase or sentence from Ria's transcription and communicates that it can be found on page 13 of Ria's transcribed interview.

Step 5. The next step was to place each significant statement and its formulated meaning(s) onto an index card. All index cards with significant statements and formulated meanings for all the participants were combined and shuffled. Each was then examined on its own and given a theme. The cards were then sorted into clusters of

common themes. Sub-themes arose out of core themes. Appendix D provides an example of a sub-theme cluster called “Participants’ believed that we have a life purpose”. This was part of a major theme called “Participants’ spiritual beliefs”. The completion of step five involved validating the clusters of themes by re-reading the protocols and listening to the taped interviews to ensure that they corresponded to the themes. It had to be ensured that nothing seemed amiss and that themes were fitting. During this process it was essential to ask if there was anything in the original protocols that was not accounted for in the clusters of themes and whether the clusters of themes suggested anything that was not a part of the protocols. As a part of this process of validating clusters of themes, discrepancies between and among clusters of themes were reanalyzed within their greater context to discover further meaning and make sense of the data. With much help from my committee members, the temptation to generate theories was ignored or set aside.

Step 6. Integration of all findings to this point were revealed through an exhaustive description of each theme cluster. Insights which were identified from the previous steps were captured in “phenomenologically sensitive paragraphs” (Van Manen, 1990, p. 95). In some cases, words that designated a fuller meaning than the written word implies, the written word was capitalized, e.g., *Universe* versus *universe*.

Step 7. Once descriptive paragraphs were completed, each research participant received a copy of the results. Each was asked to read his or her copy and clarify and/or validate the interpretations and meanings derived from the content of the first interviews. The results of this process of clarification and validation were analyzed and integrated into the descriptions. Only five of the seven participants could be located for this step however,

changes made by these five participants were minor and overall, participants appeared to be pleased with the descriptions.

Participants

The only criteria for selecting participants for a descriptive phenomenological study is that the participants have lived experience with the phenomenon under study and that they can articulate that experience well (Colaizzi, 1978). The seven participants of this study did have personal experiences with perceiving the presence of the deceased and articulated them very well during the individual interviews. In addition, their involvement with the interpretations helped to clarify even finer meanings of their data.

Participants were found via the snowball recruitment process. This proved to be an easier step than I had expected. Seeking five participants, I easily recruited seven. Three participants are friends of mine, one is an acquaintance, one is a friend of a friend, and two were acquaintances of another friend. All were enthused about their involvement. Four participants were university students; two doing undergraduate studies, and two doing graduate studies. One is a heavy equipment operator, one a retired mill worker, and one works in a college office. They range in age from 25-65 years.

Ethical Issues

One factor that was a concern for this study was that certain combinations of factors can give rise to complications in the normal grief process; the result being unresolved grief (Rando, 1984). At times the mourner may feel that grief has been resolved and then to his or her surprise, some event or life transition, such as the

interviews conducted in this study, can bring re-surges of grief (Rando, 1984). This was a concern because sharing intimate memories of the deceased, and the feelings, cognitions, and behaviours the participants had around the grief process had the potential to trigger unresolved grief (Worden, 1991). The following describes how preparations were made to deal with this ethical issue, if in fact unresolved grief did surface.

Rando (1984) states that when a resurgence of grief occurs “What the mourner needs is acceptance and non-judgmental listening, which will facilitate the expression of emotions and the necessary review of the relationship with the lost loved one”. Death review helps to cleanse the pain of grief, whether the process is loving, fearful, distressing, or painful, even after years. (Parry, 1994). Kessler (1987) noted that participants involved in her phenomenological study of bereavement reported therapeutic benefits as a result of the in-depth interviews. In this study then, the interviews themselves had the potential to be therapeutic in the event that unresolved grief did occur.

For longer term needs of participants, Donalda Fortier at the Prince George Rotary Hospice House and Jim Leonard of the UNBC Counselling Centre were informed of the study and agreed to become involved by supplying needed support (Appendix E). If unresolved grief had surfaced, the participants would have been referred to the Prince George Rotary Hospice House, UNBC Counselling Centre, or if they wished, to a counsellor of their choice to help them come to terms with these issues. To my knowledge, participants did not need or request any of these interventions.

Participants entered the study voluntarily with the knowledge of the nature of the study, obligations, and the dangers that were involved. They had the option of dropping out of the study completely or withdrawing any part already contributed, which none did.

All have expressed enthusiasm and excitement about the results. They were not knowingly exposed to risks greater than the gains they could receive from participating. An informed consent request was obtained from each participant before the commencement of the interviews. (See Appendix F for a copy of the informed consent form).

CHAPTER FOUR

OVERVIEW

Six participants of this study claim to have experienced communication with a deceased family member, friend, or acquaintance. One expressed uncertainty as to what he experienced. Six participants remain sincere and even feel betrayed or upset when it is suggested that he or she may have been hallucinating. Ria, no less vigorous in her claims than the others stated, "That was not a hallucination. It really angers me when people talk about how these experiences can be explained away or whatever. We're really denying the fact that every person has a spiritual side" (Ria). This absolute certainty among participants was the first and most obvious discovery, yet many professionals and non-professionals remain unaware of these experiences. Certainty like this is difficult to ignore. If the participants' experiences are to be taken seriously or at least given credit that they are unexplainable experiences, then what can be said about them?

Many people reading this thesis will not have had such an experience. Putting aside expectations of ghostly figures, one finds that the experiences in this study were, for the participants, spiritual experiences that, more often than not, provided comfort and guidance. They were described as meaningful and carried significance. Often positive outcomes were reported as a result of experiencing the presence of the deceased. Sharon, speaking in general for those who have had these experiences, as well as herself explained, "It's a very personal experience. It's something very special to them [those experiencing the presence]. My [spiritual] experiences have always been positive, which in turn have given me strength because they were so personal" (Sharon).

Besides being spiritual experiences that were helpful to participants, they were also described as occurring spontaneously, and the participants felt that the deceased persons were in control of the encounters, and that each was “designated specifically for me” (Ben), for the purpose of guiding or helping each participant. The experiences varied. Some contained aspects of sight and sound. Some contained physical aspects that are not generally thought of as spiritual experiences. Often they were described as life-altering experiences.

It soon became evident that the experiences the participants were describing closely resembled the descriptions of those reported by Guggenheim and Guggenheim (1995). When comparing Guggenheim and Guggenheim’s definition of an after death communication or ADC to the experiences of perceiving the presence of the deceased by the participants in this study, I decided to begin referring to participants’ experiences as ADCs, in part because the research describes the phenomenon from the perspective of those having had the experiences. This also allowed me to better grasp the essence of the phenomenon. When the participants verified the results, they agreed with the term and definition of ADC as an accurate description of their experiences. Thus, the results of this thesis refer to the experiences of perceiving the presence of the deceased by the participants as ADCs.

After Death Communications Experienced by the Seven Participants

All the ADCs reported by the seven participants can be divided into two different kinds of experiences. The participants discussed ADCs that occurred during a specific time and place and were distinctive. I call these main event ADCs. All participants

experienced at least one ADC of this type. Additionally, three participants mentioned a general feeling or knowledge that the deceased persons were present. These experiences were spoken about as an aside to the main events. I have named these residual ADCs. However, both types proved to be very powerful experiences.

The residual ADCs were identified by their nonobtrusive nature. They did not disrupt participants' activities. For example, Shera talked about the many times during her initial year of bereavement when she felt her deceased cousin was watching over her or guiding her. She described it as a persistent presence that she found comforting. Sharon's description of her residual ADCs with her partner's deceased wife were simply moments when she would sense that the deceased woman was around. She described them as "warm air or a smell for a split second" (Sharon). Ria mentioned that she would often sense her grandmother around her. She described it as heartfelt moments in which she could feel her grandmother's spirit encompassing her. These residual ADCs were different from main event ADCs in that they were less intrusive and did not seem to disrupt or interrupt participants' activities. They were not as outstanding as main event ADCs because they were less distinctive, yet their effects on participants were just as prominent.

The remainder of the ADCs reported in this thesis were main event ADCs. They were more distinctive in that they occurred in a specific time and place, and they were obtrusive enough to disrupt participants' activities. In some cases other people present noticed changes in participants' behaviours while the ADCs were occurring. Table 1 provides an overview of the ADCs of the seven participants to help the reader establish a basis for the many experiences that were reported (see Table 1). It maps the types and

number of ADCs each participant experienced with each deceased and the relationship each participant had with each deceased.

Close scrutiny of Table 1 reveals some interesting findings. First, all but one participant, Lori, experienced more than one ADC. She experienced one main event ADC with one deceased person, a friend. All other participants experienced more than one ADC, sometimes with different deceased persons. Jane had a single main event ADC with her father-in-law but also one with her grandmother. So did Louis with his father and then another with his wife. Ria had a single main event ADC with her grandmother and another with her nan (her other grandmother). Sharon also experienced a main event ADC with her uncle but none with her partner's deceased wife. Some participants had several main event ADCs with a particular deceased person. This is true in Ben's case with his Mom, Jane with an acquaintance, Louis with his daughter, and Shera with her cousin. Residual ADCs were less commonly reported; only Ria with her grandmother, Sharon with her partner's deceased wife, and Shera with her cousin.

Scrutiny of Table 1 also reveals that the types of relationships participants once had with the deceased persons had no bearing on whether the ADCs were main event or residual, nor did the closeness of the relationship have an effect on the number of ADCs experienced. For example, Jane had several main event ADCs with an acquaintance, a boy from her husband's Boy Scout Troop whom she had hardly known, while Louis had only one with his wife with whom he had been very close. The types or closeness of relationships that had once existed between the participants and the deceased persons did not seem to effect the type or number of ADCs.

Table 1

Summary of the types and number of ADCs each participant
experienced with each deceased

Participant	Relationship	Number of ADCs	Type of ADC
<u>Ben</u>	Mom	Several	Main
<u>Jane</u>	Father-in-law	One	Main
	Grandmother	One	Main
	Acquaintance	Several	Main
<u>Lori</u>	Friend	One	Main
<u>Louis</u>	Father	One	Main
	Wife	One	Main
	Daughter	Several	Main
<u>Ria</u>	Nan	One	Main
	Grandmother	One	Main
		Several	Residual
<u>Sharon</u>	Uncle	One	Main
	Previous Wife of Partner	Several	Residual
<u>Shera</u>	Cousin	Several	Main
		Several	Residual

Both of these major findings were unexpected. My beliefs that the ADC experience would be so rare that each participant would only have had one and the belief that the stronger the relationship between the participant and the deceased person the more powerful would be the ADC, were shattered. The reconstructing of my beliefs about ADCs began even before the interviews were completed.

A Typical After Death Communication

After listening to more than eight hours of interviews, a profile of the typical ADC as experienced by the participants was formulated. I soon discovered that there were more differences than similarities, each ADC being unique. However, it can be said that each ADC began spontaneously without a warning. A message was almost always conveyed, although the message was not always evident at the time, and once the message was completed the ADC terminated, usually as spontaneously and as quickly as it began. Louis's ADC with his deceased wife is presented as a representative example of an ADC as reported in this study because his contains almost all of the most commonly reported components of the participants' experiences.

I was in pretty bad shape for quite a while after she [my wife] died. I was lonely, I couldn't sleep, I used to stay up and cook all night, practically all night...I was having a hard time. Jean, [before she died] smoked a lot. I would sleep on the left side of the bed and when we'd go to bed I'd lay down and she'd sit on the side of the bed beside me and have a cigarette. Then I would just reach over like this (gestures with both arms) and lift her over to her side. Well, one night I was lying there awake [after she had died] and she appeared and sat down...and she's sitting there and we talked for a minute or two and she told me not to worry; she was O.K. and not to be so upset and to relax. When we kind of finished what we had to say, it didn't seem anything special, any special event at that time. I certainly

wasn't frightened to see her. I just accepted that she was there and I was glad to see her. So, I went to pick her up and set her on the other side of the bed and my arms just went up in the air. There was nothing there...[but] My whole life brightened up after that. (Louis)

Louis's ADC is representative of most of the participants' experiences for several reasons. It occurred spontaneously and contained a message. It seemed real and natural. A shared ritual occurred between Louis and his wife, a ritual they both commonly underwent when both were alive. Louis saw and heard his wife. He was grieving at the time. He enjoyed the encounter and found it helpful. It appeared, to the participants, that the deceased controlled when, where, and how the ADC occurred. One important aspect that is not obvious in Louis's recital of his ADC experience is the spiritual nature which encompasses all those reported here. However, listening to Louis talk about his ADC and seeing the sparkle in his eye, creates the sense that his experience holds far more than what can be perceived through spoken or written words alone.

Despite the representative power of Louis's ADC, it is important to recognize that not all ADCs are experienced this way, particularly residual ADCs. For example, some participants during their main event ADCs, heard the voice of the deceased person, but did not see him or her. Others sensed the presence of the deceased person, but did not receive a message. This was characteristic of the residual ADCs. Some were not even grieving for the deceased person. Each experience was unique.

Spiritual Aspect of the After Death Communication

The participants described their ADCs as being spiritual in nature. While attempting to explain this spiritual essence, Ria described the feelings associated with one of hers.

When you have a feeling like that it's just so natural, it's so normal, and it's so comforting. You know how when you hold a child and the joy just bubbles up in your throat and it's right there and you don't know what to do with it because it's right there and it's got to come out in laughter or it will either come out in tears, or it will come out in a combination of laughter and tears...For me it just bubbled over...I still have the remnants of that incredible joy that I felt. (Ria)

Not all participants were able to articulate their emotions as well as Ria did, but as they talked about their ADCs the essence of their emotions was overwhelming. This energy that they described is what constitutes the spiritual nature of their ADCs.

Participants distinguished between religion and spirituality. For at least three participants, Ria, Louis, and Jane, it was important that religion not be confused with spirituality.

I like to make an analogy, if you brush your teeth religiously at 7:00 every morning, it doesn't make you religious. You can go to church every Sunday, you can be part of the Youth Group, you can make huge financial donations. That does not say anything about your spirituality. It [the difference] is how you live your life. (Jane)

The three participants who emphasized this difference believed that the church has not so much to do with your religion as it does with your spirituality. True religion is a reflection of spirituality; an entity, say Louis and Jane, which has often gone unacknowledged by the churches. What the participants were trying to emphasize is that the ADCs are spiritual experiences, not religious ones.

Similarities Between the ADCs and Personalities of the Deceased

Similarities between the deceased persons as the participants remembered them and the nature of the ADCs, both main event and residual, were an aspect of the ADCs that were often described by the participants as being responsible for convincing them that their ADCs were not a creation of their own minds but, rather, actual contacts from the deceased persons. Two participants in particular, Ben and Ria, emphasized these similarities by noting that the entire experience was a reflection of how they remembered their loved ones. Ben's ADCs occurred in a dream-like state and he said they would not have had any more relevance than a dream to him if it were not for these similarities. Ria, having experienced ADCs with two different deceased, described each as having "the same essential elements" as the deceased had while they were living. These similarities between the deceased persons and the nature of the ADCs can be broadly categorized into three sections: personalities of the deceased, habits of the deceased, and roles played out between the participant and deceased before the death.

First, personalities of the deceased persons, as the participants remembered they had been before the death, were reflected in the ADCs in all cases where the deceased persons had been well known to the participants. For example, in Ben's ADCs with his Mom, in which they sat and chatted but no particular conversations came about, Ben stated that that was simply the way she was in both life and during the ADCs, "She would never bring anything up specifically" (Ben). Similarly, Sharon's ADC with her uncle could be described as mellow. Her uncle, she says, "...was a very gentle man even though he was big" (Sharon). Participants always experienced the personalities of the deceased persons as they remembered their personalities from their physical lives.

Physical characteristics of the deceased were also similarities that became evident in the ADCs. Sharon's uncle, although gentle, was a big man. His soothing voice and the sound of his giant footsteps walking beside her car as she was driving at 90 kilometers per hour were the most prominent aspects of her ADC. Ben, who preferred being outdoors, would rather have his house at a cooler temperature than a warmer one, but his Mom, prior to her death, was anemic and always cold and therefore preferred a warmer house temperature. During his ADCs the house would be very warm. The fact that his Mom liked the higher heat and he did not, prompted Ben to believe that he was experiencing actual contacts with his deceased Mom. These physical characteristics of the deceased were aspects that participants described throughout almost every main event ADC.

Another similarity between the nature of the ADCs and the deceased persons lies in the roles played out between the participants and deceased persons during the experiences, typically, old roles they had assumed while both were living. Louis' ADC with his deceased wife portrayed this. As you recall, before the death of Louis' wife, they would sit on the side of the bed while they talked. When they finished he would pick her up and set her on her side of the bed. His ADC reflected this shared ritual. Shera also experienced an old role with her cousin. Her cousin, before the death, would act as Shera's role model or caretaker. During an ADC, Shera's deceased cousin told her she would look after Shera just as she had before the death. Ben provided yet another example. His ADCs took place about 3:00 to 4:00 in the afternoon while he was cat-napping. This was normally the time of day that he would check in on his Mom and have coffee or tea. The ADCs did not occur at all during the night. "And we're just sitting

down chatting [in the ADC], like we always did and it was approximately the time that I used to go over there [to her house] if I could; between 3:00 and 4:00 in the afternoon” (Ben). These shared roles occurred often in ADCs. Not only were they comforting to the participants, but they also helped participants to confirm for themselves that the ADCs were genuine encounters with the deceased versus hallucinations or creations of their own imaginations.

As a whole, these similarities reflected the deceased persons in so many ways that the participants could not explain the ADCs as entities coming from their own imaginations. According to the participants, only the deceased themselves could have created the ADCs as they occurred. These similarities were just one aspect that helped participants affirm their beliefs that their ADCs were genuine encounters with the deceased persons. The next section explores others.

Realistic Aspects of the After Death Communications

The participants gave the impression that the ADCs, both main event and residual, were another aspect of reality; a reality we do not normally perceive or recognize but seemingly more real than reality itself. Louis tried to emphasize this when he made a firm distinction between his ADCs and his dreams. He said, “I dream of her, I kiss her, I’m sad. But now these, [the ADCs], are real life experiences” (Louis). It seemed that the ADCs were perceived as being a very real part of life, but an aspect of life that is not always readily available to us.

Physical occurrences served to enhance the realistic aspects of the main event ADCs. Ben turned the heat down on the furnace, but after each ADC the furnace would

be turned up again. Once he even turned the furnace to pilot, yet the furnace was turned up to eighty degrees Fahrenheit again. Jane also encountered the deceased in a physical manner. "I was going from the bedroom to the bathroom and I was on my way back and I tripped over something in the middle of the floor and there was nothing there. It was like I bumped into somebody which caused me to bump into the wall and I just kind of shook" (Jane). These physical occurrences were so obviously intrusive for the participants that they worked to validate the reality of the ADCs.

Another aspect that served to enhance the reality of the main event ADCs for at least two of the participants was that the ADCs tended to dominate reality. Ria and Shera both described how their surroundings became less real, while the ADCs became more real. Ria said her surroundings became muted and everything around her seemed less prominent. Shera felt as if she had entered another dimension. The ADCs became the dominant aspect in the participants' surroundings, absorbing them into the ADC experiences and fading all other immediate experiences into the background.

The main event ADCs were so real and immediate for the participants that other people who were present when the ADCs occurred sometimes realized something was askew because of the participants' changed behaviour, but were not aware of what was actually happening. Ria was about to sing at her grandmother's funeral when her ADC began to unfold causing her voice to catch. She realized the organist had stopped when she did not sing on cue and she knew that everybody was trying to figure out what had gone wrong.

I heard words in my ears...in that moment I choked up. And it was more than a moment. People were looking around and the organist had stopped because they figured something had gone wrong...I nodded at her [the

organist] and she began to play the introduction again and at that point the sun came out...And I had this incredible feeling of joy. Incredible. (Ria)

The main event ADCs like this one demonstrate how intrusive they actually were.

For one participant, a series of ADCs were shared with another person. Some of Louis's ADCs with his daughter were also experienced by his wife. In these instances, only the two were present, Louis and his wife, and between them there was no mistaking what was occurring. They both heard the footsteps of their deceased daughter in the hall and they both 'knew' who it was. These were the only ADCs that were perceived by more than one person even when other people were present, thus further demonstrating the aspect of the ADCs that made them appear to be designated toward a particular person or persons. Also, the fact that both perceived the ADCs, made the experiences real for Louis and his wife.

The Effects Of the After Death Communications On The Participants

In order to truly appreciate the ADC experiences it is important to grasp the effects that these experiences had on the participants. The fact that these experiences were regarded as positive and beneficial is seldom appreciated in the literature, yet for these seven participants these benefits often seemed to be an important aspect. For some participants, religious and spiritual views were altered or strengthened. For others, grief was soothed and sometimes participants described a change toward a positive or better way of being in the world.

At least five participants found that the ADCs prompted the exploration of spirituality and philosophy. Lori said she had had no previous set beliefs in the way the

world worked. She felt that being an adolescent when the ADC occurred, she was too young to have developed her own way of understanding the Universe. The ADC prompted her to explore her spiritual side.

I think it [the ADC] started me on my way towards that [a philosophy or religion concerning life and death]. I think it was more of a spiritual understanding and a kind of an acceptance of seeing things and feeling things and taking them and that they're not just feelings or thoughts or some sights. They have meaning, purpose, and relevance, and they're real.
(Lori)

Spirituality was changed in other ways for other participants. For Sharon and Ria, the faith they had in God was deepened. Ria's concept of God became real. He was no longer just a concept that she had learned in church. Sharon found deeper meaning in the words of God. Louis was a non-believer of life after death until his first ADC with his father. This experience was powerful enough to change his beliefs from a total non-believer to an avid believer. Whether participants discovered their spirituality or they strengthened their existing set of beliefs, these ADCs had the tendency to affect participants' spiritually.

For those participants who were grieving, Ria, Ben, Louis, Lori, and Shera, the ADCs were comforting. Prior to the death of her cousin, Shera had experienced an emotionally draining argument with her which had created ambivalence in their once very close relationship. When her cousin's health took a turn for the worse, Shera attempted reconciliation. Despite attempts to resolve the situation, Shera never felt the bad feelings between them had been resolved before her cousin died.

I felt that I had told her that I loved her. When I saw her in the hospital I did. When she was cognizant of the fact that I was there I did, you know. Because she kept asking, 'Why did you come back, why?', and I told her

'To see you'. She said, 'But why did you come back to see me?'. And that made me sad to think she would feel that way. (Shera)

Shera's unsuccessful attempts to resolve the ambivalence between her and her cousin resulted in great sadness for Shera when her cousin died. However, the ADCs which followed the death helped Shera to overcome this. In almost every residual and main event ADC her cousin would tell Shera, "No regrets." Those messages helped Shera to deal with her feelings. The encounters comforted her and helped her improve her life. "And I realize that I could never not tell somebody whom I cared about that I, you know [love them], I couldn't leave that undone" (Shera). Shera feels lucky that her cousin contacted her after death to resolve the ambivalence between them. The comfort that she received from these encounters with her cousin had a healing affect. She was able to move more quickly through her grief process than she otherwise likely would have. Further, Shera claims the experience enabled her to live her life more positively by her greater appreciation for her feelings for others.

Other participants also found their grief reduced as a result of their ADCs. After his Mom's funeral and prior to his ADC experiences, Ben disconnected from the rest of the world. Wanting to be alone, he went to his Mom's now empty house and isolated himself from friends and family. His reoccurring ADCs while he was there for four days, helped him to get back into his ordinary social life with a positive attitude. Jane, Ria, and Louis, were comforted by the messages they received during their ADCs, claiming that they now knew the deceased were OK in their new world. They were also able to re-enter their normal social and emotional worlds, re-investing their energy into their daily lives.

Every participant who was grieving at the time of the ADC reported a movement toward resolving their grief because of the ADCs' occurrence.

The ADCs helped the participants at a personal level as well. Ria claimed hers to be the "most incredible, comforting, supporting, wonderful experience of [her] life" (Ria). It helped her to experience life to its fullest. She was able to accept her own mortality and accept other peoples' ways of seeing the world. She says, "The experience that I had [the ADC] ...I've begun to accept my own mortality. I've come to understand other peoples' spirituality and I've come to love myself" (Ria). Ben said he learned to relax because the meaning of life was re-focused for him as a result of his ADCs. He realized that what he did not get done today he could do tomorrow. There was no tragedy or failure in trying again. Sharon described how she received positive reinforcement as a result of the conversation she had with her deceased uncle. This enabled her to deal with the problems and concerns confronting her life at that time. In these cases, life took on new perspectives helping participants solve personal problems and focus on life from newer and fresher perspectives.

Louis, Lori, and Jane expanded their minds to include and refine beliefs about metaphysical events after their ADCs. Louis, prior to his experience, said that he was a firm non-believer in life after death and the metaphysical. If anybody had tried to tell him that he or she had been in contact with the deceased he would have "laughed at them" (Louis). The ADC, he says, "changed my line of thinking" (Louis). Lori found that as a result of her experience she came to believe that we are all connected in some way. She believes a universal energy may somehow be responsible for metaphysical events, allowing us to feel and think what others feel and think, allowing the deceased to

communicate with the living, and allowing thoughts such as precognition. Jane was enthused that her beliefs in life after death were affirmed when her father-in-law agreed to inform her, if at all possible, of his death when it happened. It was his presence during an ADC that informed her that he died. The nursing home acknowledged the death after the ADC occurrence.

We had gone to see him [before he died]...We said [to him] 'Well, if you're, if you go [die] come by and let us know if whatever [that you've died]. And he couldn't nod or anything but he squeezed my hand really, really tightly...It was about a day or so later I woke up in the middle of the night and I just had this most beautiful warm feeling in the house. It was just tremendous...I knew he had died...I got up in the morning...they [the nursing home] called me and told us that he had passed. (Jane)

These ADCs had the ability to influence participants' beliefs in the metaphysical, opening their minds in new, creative dimensions.

Despite the many positive factors that participants associated with their ADCs, these experiences remain relatively unknown and unrecognized. I suspect, this may be partly due to the fact that participants, and probably others, do not often share their ADCs with others. Further, participants often had difficulty in describing their experiences adequately. The unbelievable nature of the ADCs caused them to be very careful about sharing with some people. If this is a consistent factor with others experiencing ADCs then this could be influencing the public's failure to recognize or understand their nature.

Participants' Sharing Experiences

In the early stages of the study, I suspected that participants would not share their experiences easily, so I asked them if they had ever shared and if so, with whom. They revealed why they wanted to share, why they did not often share, responses they received from others when they did share, and the positive and negative outcomes they believed would occur if they were to share with a counsellor.

Participants provided many reasons why they wanted to share their experiences. Previously a non-believer, Louis wanted people to believe there is life after death. His experience, he felt, was proof. He felt that resistance to believing came from people who think it is not Christian to believe in metaphysical events. However, he also thinks this belief is wrong. "I think a lot of people believe that it's not Christian to believe in this [ADCs], it isn't right with the Church. [But] The Church believes in it too" (Louis). Sharon wanted to see a network of individuals who had experienced ADCs. This is simply because she is curious, especially about those ADCs that have changed peoples' lives. She felt that people need to know that it is not uncommon. This, she said, could reduce negative responses (and there were some) and, as Lori stated, help those who may be questioning the sanity of those having the experiences. Ria simply wanted to share her ADC with more people because it was so incredible. The reasons for wanting to share varied from spiritual reasons to practical, helpful reasons.

There were several reasons why participants were very careful about sharing their experiences with other people. At least three participants, Sharon, Ben and Ria, were careful because the experiences were too meaningful to be shared with just anybody. Ben

did not share his experience with *anybody* until he shared it during the interview because he felt his ADCs were too personal; they were between him and his Mom. He believed his children may have experienced their own ADCs with his Mom after her death, but did not share them with him for the same reason. The unspoken code between Ben and his children was to remain silent, otherwise the meaningfulness of the experience could be disturbed; thereby, contaminating it. Ria felt the experience could not be properly justified in words. "I think that every person has had an experience they can't explain; they don't want to explain...Because in the explaining it's cheapened. There are some things that you just accept" (Ria).

As if to compound Ria's statement, at some point, all the participants found difficulty in describing what it was they experienced. If one considers that what they experienced was non-physical and non-rational, we might then begin to appreciate their loss for words. Our vocabulary has been designed to describe the meaning of the world around us. For this reason, what we do not physically or rationally experience we have difficulty in describing. In the spiritual world, we have little to relate to so the words simply do not exist to describe these experiences with our usual vocabulary. Jane borrowed an analogy to explain how difficult it was to describe her ADCs to others in a manner they would understand.

It's something you can't really explain to someone else. It's a knowing. And to put it in a way that a religious leader that I admired said, 'You can't describe to someone how a rose smells or how an orange tastes because they can never understand until they smell the rose or taste the orange themselves.' (Jane)

Thus, a lack of vocabulary limited the participants' abilities to describe their experiences. Overall, the lack of words to describe the ADCs and the very personal essence of them was powerful enough for most participants to limit sharing their ADCs with other people.

Another reason participants claimed to rarely share their experiences with others was because they expected others to react negatively. Ben figured people would tell him he was crazy. Ria avoided telling some people because it could scare them. Lori, because of her friends' ages, felt they were too self-absorbed to really 'hear' her. Also, she believed that people would take it too lightly or they might assume she had been drinking. Sharon also felt that others might think alcohol had been a factor. She thought they might accuse her of imagining that she had communicated with the deceased. This fear of a negative reaction was common among the participants. For some it was a large enough factor to prohibit sharing their ADCs with very many people.

Self doubt was another factor that probably contributed to a lack of sharing of the ADC experiences. The ADC experiences were so out of the ordinary that three of the participants, Sharon, Louis, and Jane, had difficulty believing it themselves. The doubts occurred when the ADCs began, but in each case acceptance took place as the ADC progressed. Sharon said to herself as her ADC began, "How can this be happening? How can this be possible"? She said, "I didn't believe it. You know, thinking there was something on the radio and then after [as the ADC progressed] just accepting it" (Sharon). However, initial doubt was not a factor of all the ADCs. Some were accepted as they were experienced. Lori "just kind of went with it and it didn't require explanation" (Lori). Ben's reaction was different again. He has never quite resolved the issue of whether he was in contact with his Mom or not. At times he talked as though he had

accepted the ADCs as genuine encounters. At other times rationality set in and he became unsure. This factor of doubt that some participants experienced may be another contributing factor as to why they do not share their experiences readily.

Some participants often felt they did not need to share their ADCs at all because their ADCs were positive experiences. Lori and Ria simply felt they did not need any support because the experience was enlightening in itself. Sharon felt that if one did need support it could come only from others who have also had ADCs. The fact that the ADCs were helpful in themselves reduced the need to communicate the experiences to others.

Five participants reported receiving positive responses when they did share their experiences with other people. Ria's most rewarding feedback came from people who truly comprehended her ADCs and not just acknowledged them. She feels she had good responses because she has been cautious about sharing with only certain people. Sharon had rewarding feedback when she told her sister. Her sister became excited. Louis was rewarded when his wife believed that he experienced his ADC with his father. He thinks she believed him because she was present at the time of the ADC and she knew something happened and could not explain it in any other way. Lori finally found positive responses when she was older. She said that her friends by this time had had their own experiences; hence, they could comprehend and support each other. Jane found that positive feedback came from East Indian friends because they believed her and believed the phenomenon to be common. Thus, despite the fears of negative feedback when sharing their ADCs, participants often did receive support from others. The most positive support seemed to come from others who could accept and comprehend the deeper values of the experience.

Despite these positive responses, at times participants experienced a lack of understanding from others. Louis experienced misunderstanding when others simply did not believe him and tried to tell him he was dreaming. He says, “Even my own kids don’t believe it” (Louis). When Jane saw her deceased grandmother standing in her bedroom when she was five years old, her Mom simply did not believe her and firmly told her that that was impossible. When Lori disclosed her ADC to a friend, the friend simply did not comprehend because she had never had an experience like it. Her other friends did not know how to respond and felt that Lori was seeing things or going crazy. Shera’s family also thought her mind was playing tricks on her and told her she had to get over her loss. This negative feedback was not considered harmful by the participants, yet they could imagine how some people having ADCs could perceive the less than positive responses from others as detrimental.

None of the participants had shared their ADCs with counsellors but three participants talked about the potential benefits and drawbacks to sharing in this manner. Sharon felt that ADC support groups would be helpful for those seeking answers to their experiences. Lori too, felt that if other people who experienced ADCs could talk to others who have also had ADCs they could realize they were not insane. (Lori never doubted her sanity, but thought that some people did doubt it). Lori’s ADC prompted her to explore her personal spiritual beliefs therefore, she could see upon reflection, where a counsellor could have been beneficial in helping her to sort this out even though she did not feel the need for counselling at the time. Jane, on the other hand, said she would not share with a counsellor because she believes counsellors are too focused on their own religious belief systems to accept and understand hers. She felt they would have a patronizing attitude

toward her and might try to convince her she was imagining the ADC rather than celebrate with her the meaning-fullness of the experience. Further, she was afraid counsellors would judge her.

I'd be leery about sharing it [the ADC] with a counsellor ...and the main reason is because of religion because I find a lot of people involved in that [counselling] are very, very staunch in their Christianity. And what's lacking is tolerance. I would expect to see the nod like 'Oh ya, that's nice and how did that make you feel?' and that's not the point. It was nice and it did make me feel good and I don't need a patronizing attitude. And I'd be afraid of that. (Jane)

Jane said that if counsellors would focus on spiritual development as a result of disclosing an ADC, whether or not clients are suffering from grief, then sharing the ADCs with them could be beneficial. However, she did not believe this would be a common occurrence. Overall, participants' reasons for sharing with a counsellor differed, but all agreed on the benefits of exploring the experience in the event that an ADC was shared with a counsellor.

In conclusion to this chapter, important features to understanding the nature of the participants' experiences are reviewed. First, the ADCs were best described as spiritual experiences that were very real to the participants. Even though the effects of the ADCs on the participants were generally positive, participants had difficulty finding the words to describe them. One of the best descriptors however, was that the experiences were much like entering into another dimension of reality; a reality that is usually experienced as wonderful and comforting; a reality that is so out of the ordinary that words cannot adequately describe it. Such positive experiences were not often shared because they were personal, unbelievable events and some participants felt others may think they were crazy

or influenced by alcohol. This lack of sharing may contribute to the public's lack of awareness of this phenomenon.

CHAPTER FIVE

THE COMPONENTS OF AFTER DEATH COMMUNICATIONS

In the previous chapter the nature of the ADCs were explored. In this chapter the experiences themselves receive closer examination. Participants shared what it was like to 'see' the deceased and to 'hear' his or her voice. Details estimating the length of the ADC and how long it had been since the death when the ADC occurred are also reported.

Control Of The After Death Communication

Control by the deceased is reflected in the fact that in every ADC in which a message was delivered, the participants reported that the deceased person delivered the message to the participant. The participants noted that the deceased person never made contact in order for the participant to communicate with the deceased, nor did the participants successfully contact the deceased. In some cases, a two-way conversation took place, but even then the purpose of the message was formulated from the deceased person to the participant. Recall that this was demonstrated in Louis' ADC with his wife, where conversation took place at Louis' bedside. She came to him to offer him comfort and advice. Sharon's ADC with her uncle also contained a two-way conversation. He came to her to offer advice regarding a personal problem but because he "knew" her thoughts he responded to them. The participants found that the deceased did not respond or make contact when the participants wanted to communicate with them. The deceased persons were reported to only appear if they had something to communicate to the participant.

Two participants of this study described a feeling of lack of control over their ADC experiences. Sharon described how she was too overwhelmed at the time of the ADC to respond beyond the experience at hand. Afterwards, she began to formulate questions, wishing she could talk to her deceased uncle again. Despite her hopes, he never returned. Louis actually tried to 'call up' his deceased daughter. There were times *he* wanted to talk to *her*. Much to his disappointment, he never succeeded. In other words, the participants in this study found that the deceased were in control of the ADC experiences.

Mode of Message Delivery

As was stated near the beginning of the last chapter, a typical ADC almost always contained a message. Further, the message usually appeared to the participants to be the central component. The participants reported a variety of modes through which communication occurred and, as previously stated, appeared to be controlled and directed by the deceased.

The participants described varying modes of communication. To communicate, the deceased persons employed mental telepathy, speech, body language, consistent appearances, and sometimes a combination of these modes. The most common mode of communication was mental telepathy; that is, the passing of thought from one individual to the next. As Sharon explained it, "It was like he knew my thoughts. I didn't say anything. I didn't answer back" (Sharon). Those participants who received their messages through mental telepathy had no questions about what the deceased persons were

communicating to them. In fact, it seemed that these messages were possibly even clearer than those communicated through other modes.

In addition to mental telepathy, messages were reported to have been auditory. However, it is not clear just how many messages were auditory and how many were telepathic because participants used the same language to describe both. To clarify this question, I asked both Ria and Louis whether or not hearing the deceased could be compared to hearing me speak or if it were more like they could perceive the words through thought. Both responded with an affirmative 'yes,' it was like hearing the deceased's voice as if they were living. In addition, Shera, without any prompting said, "Whenever I felt her, whenever I heard her, and I'm saying I've heard her when I've been awake, O.K. I heard (emphasis) her" (Shera). To emphasize how real the auditory voice was, Ria described how she heard the voice come through the right ear more than the left because her left ear was preoccupied with listening for her sister who was sitting to that side of her. It appeared that at least these auditory messages were heard in the same manner as two living people might hear their conversation.

The three participants, Ria, Louis, and Sharon, whose ADCs were mainly auditory in nature, found their messages to be clear and the auditory sounds to be as realistic as normal, but some aspects of the auditory were not always logical. For example, Louis clearly heard his deceased father enter but did not hear him leave even though he was listening for this. In Sharon's case, she was driving at 90 kilometers per hour and heard giant footsteps walking along beside the car. The words Ria heard were delivered very close to her cheek, yet she did not feel the usual breeze that should have accompanied speech at that distance. Despite the clarity of the messages and the realistic nature of the

sounds participants were hearing, they were not experienced as would be expected; there were some illogical aspects to them.

Some messages were not described as telepathic or auditory, rather they were experienced as being communicated visually. That is, Shera and Lori received their messages through body language. A body language message conveyed during one of Shera's ADCs with her cousin occurred during a funeral ritual. She looked up during the ceremony and saw her cousin in the middle of a river, on a raft which was connected to both shores by ropes. Her cousin had to disconnect the rope from one shore in order to pass to the other. As she was doing this, she looked at Shera and with a smile and a wave communicated "good-bye." Lori's message from her deceased friend however, was more obscure than Shera's had been from her deceased cousin.

I remember him looking at me. It was sort of the way you look at someone when someone is being naive and you don't really know how to tell them. And you just kind of hope that the look on your face is, 'O.K.' [understood]. I think he was trying to communicate something to me [through visual expression]. (Lori)

Shera had to understand the meaning behind her cousin's smile and wave and Lori needed to understand the look on her friend's face in order to interpret the deceaseds' messages. These visual messages did not appear to be as clearly communicated as those reported to have been received via telepathy or auditory means.

Even more obscure than interpreting body language were the two cases, Ben's and Jane's, in which they reported the deceased persons' messages were not obvious in a single ADC. The deceased persons had to repeat the ADCs before the messages became evident. Ben experienced his ADCs with his Mom in a half-awake state of consciousness. He was well aware of these "dreams" each time he woke but any communication within

them seemed to have no significance. Conversation was ordinary, talking about the weather or simply sipping tea and discussing the day's events. After four days of this Ben said he began to realize that his Mom was telling him to forgive anyone who may have harmed her in any way and was urging him to live his own life. Ben reported that he felt like a free man able to pursue the things he had always put aside because of family. Ben seemed to need repeated ADCs in order to understand and incorporate the meaning of his Mom's appearances. Jane experienced repeated ADCs with the acquaintance in which the messages were not clear in a single ADC. He would simply appear and then be gone. It was after this happened a few times that Jane began to sense that the deceased was warning her.

The last time he showed up, a few days later, something happened. Not a death, but something, a big turn in the family. Um, O.K. it's like, 'Let's keep our eyes open and see. We're not just going to jump into anything here for a while [until we] see what's happening'. (Jane)

Jane later learned that her Sikh friends believe it is common for a young soul to become attached to someone and serve warning. She believes this is what was occurring between the deceased boy and herself. Without repeated appearances, she would not have associated the ADCs with an important occurrence in the family. In both these cases the repeated ADCs had messages that were obscure. Without repetition the participants would not have been able to figure them out.

Content of the Messages

Regardless of the mode in which the messages were received, all messages appeared to contain positive and helpful content. Ben, as we saw, said he was given

advice. So did Sharon. Jane received warnings. Other messages reported by the participants were apologies, feelings of concern for the participant, the deceased's intention to come back to the family via reincarnation, and comfort. These various messages were interpreted by the participants as having only positive content.

Only one ADC contained a message that appeared not to be beneficial to the participant. Louis' ADC with his father was his first and it was a terrifying experience. As he and his young wife lay in bed talking, Louis heard someone enter the house, walk through the kitchen to the bedroom and then enter it. Louis said he did not recognize him. He appeared as a fully dressed skeleton, told Louis who he was, and encouraged him to quit drinking. He said alcohol had killed him and he did not want the same to happen to Louis. He then walked out as he had come in. Louis felt the message came too late because he had already quit drinking about six months prior to the ADC. Unlike the other participants' messages, initially, the content of this one did not appear to be helpful and it did not result in positive feelings for Louis. However, despite the fact it was a disturbing experience, it is interesting to note that the content of the message did have a positive intent.

Another inconsistent communication component was observed in Jane's ADC with her grandmother which is unique in that it is the only main event ADC in which a message was not passed between the participant and the deceased person. Jane recalls that when she was eight years old she saw her deceased grandmother standing in her room. She did not report any type of message being communicated. These two inconsistencies demonstrate how each of the ADCs were unique.

Seeing the Deceased and Sensing the Presence of the Spirit Energy

Although the message appeared to be the central component of the ADCs, the ADCs consisted of much more. The most prominent ADCs were when participants not only received messages, but also saw the deceased persons or sensed the presence of the deceased persons' spirit energies.

Some participants described seeing the deceased persons with their eyes as clearly as though he or she were physically present. Examples of this were demonstrated in Louis' ADCs with his wife and with his father. Lori reported seeing her deceased friend in this manner as well, even though the ADC occurred in a flash.

I was groping on the side of the wall for the light switch and so I flicked on the switch...we had this chair that was sitting over by the fireplace across the room. And just in that flash, I saw B just kind of sitting there in this big chair. It was kind of like in a V-shape and he was just sitting in the middle of it and he had both his arms on either side. And he was wearing a jean jacket and jeans and he was looking at me and he was smiling. And then it was just sort of poof and then it was gone again...It was real quick. It was like um, it was like, just a zap and in a flash of light he was there and then he was gone. But it was just the image that kind of burns into your mind...It was right in front of me. I was looking into the darkness and I just happened to be looking in that direction. (Lori)

Jane also saw an acquaintance, but the image she encountered was silhouetted with a soft light shining about it. She claims this light belonged to the acquaintance. No lights were on in the house and no windows were near or behind him. At times, seeing the deceased persons was like seeing a living person, while at other times it was illogical.

Often participants did not 'see' the deceased. Some did not even hear him or her, yet they "knew" the deceased's presence was in contact with them. How was it then, that participants identified the presence to be a particular deceased relative, friend, or acquaintance? Just as adamant as the knowledge that the ADCs were genuine encounters

with the deceased was the participants' knowledge of who it was that contacted them. Shera described, "One senses the presence and one [especially] senses the presence [of someone] that you have always known" (Shera). As was seen, Sharon sensed the presence of her partner's deceased wife in a slightly different manner during her residual ADCs. She described it as warm air or a smell for a split second. Amazingly, participants did not need to "see" the deceased persons in order to "know" them. The deceased persons were easily recognized by the participants, simply by the essence of their spirit energy.

Time Between Death and After Death Communications

The ADCs in this study generally occurred within the first year after the death. Most occurred shortly after the death, particularly when participants were mourning but many also occurred years later, ten years later for one participant.

Ria's ADCs with both her grandmother and nan occurred within days of their deaths. The same is true of Ben's ADCs with his Mom. Jane's ADC with her father-in-law, we might say, occurred at the same moment of death as she was notified of the death via the ADC. Of others occurring within the first year, we can include Lori, whose ADC with her friend occurred about two months after the death, Shera who reported several ADCs with her cousin during the first year, Jane with the acquaintance, and Louis with his wife and also one with his daughter at 7:00 P.M. on Christmas Day. Hence, of all the ADCs reported by participants most occurred during the first year after the death, whether participants were grieving or not.

While recording the time between the death and the ADC occurrence, a pattern emerged. The ADCs were reported to occur less and less as time went on. Louis

experienced two more consecutive ADCs with his daughter, each occurring at 7:00 P.M. on Christmas Day. Sharon experienced her ADCs with her partner's deceased wife about two years after the death. Louis experienced his ADC with his father about three years after the death. Sharon's ADC with her uncle occurred about ten years after his death. Guggenheim and Guggenheim (1995) report that they have reports of ADCs occurring up to thirty years after a death. And, as in this study, Guggenheim and Guggenheim also found that most occurred during the first year after bereavement.

Many professionals (Rando, 1984; Worden 1991) believe this pattern is because ADCs are a result of yearning for or thinking of, the deceased; hence, as grief is resolved the ADCs diminish. If all participants had been mourning we could support this possibility. However, there was no evidence of this as Sharon was not grieving when she sensed the presence of her partner's deceased wife. Neither was Jane when she experienced repeated ADCs with the acquaintance. Yearning or thinking of the deceased person did not seem to be closely related to when the ADCs occurred. We can only speculate as to why ADCs occurred among those who were not mourning.

Length of the After Death Communication

Given the obscurity and sometimes illogical nature of the ADCs, one wonders about the actual versus perceived length of the ADC. The length of the ADC as reported by participants varied, ranging from a split second (Lori's with her friend) up to about five minutes (Louis' with his wife). It is impossible in this study to tell if participants' estimations were accurate.

Although not explicitly stated by participants, they did describe their ADCs as occurring within a real time frame. The most direct evidence for this was Sharon's ADC with her uncle when she says the ADC lasted about two to three minutes as she judged by the distance driven and the length of the song playing on the tape deck. Many lengths of time were more difficult to record, as in Ben's case in which the ADCs occurred in a dream-like state. Similarly, Shera reported a persistent presence of the deceased for days after the death. Unlike some aspects of the ADCs, it appeared to the participants that time remained logical and was not distorted in any way.

In conclusion of this chapter it is noted that the ADCs occurred spontaneously while participants could exercise no control over when, where, or how they occurred. The messages were perceived to be delivered through a wide range of modes and all contained positive intentions. The deceased appeared to the participants in unique ways and occurred anytime, from the time of death up to ten years after. The next chapter examines some contexts in which the experiences occurred. This further reveals dimensions of the ADC experiences.

CHAPTER SIX

THE CONTEXTS IN WHICH THE AFTER DEATH COMMUNICATIONS OCCURRED

The different contexts in which the ADCs occurred deserve attention. This chapter examines them. The first part focuses on the grief that participants had experienced because most of the ADCs occurred during bereavement. In the next section, the sensitivity of the participants is explored because this seemed to be a common factor among them. Finally, since ADCs are spiritual experiences, religious aspects of the experiences are explored. All of these contexts are not directly related to the ADCs, but they are important because they contribute toward a deeper understanding of the experiences.

Participants' Bereavement Experiences

Participants shared their bereavement experiences when I asked them at what point in their grief they had experienced the presence of the deceased. They described symptoms like dreams and nightmares, overwhelming emotions, and social isolation.

The overwhelming emotions were described by all participants who had been very close to the deceased. Shera, having lost her cousin only about a year prior to the interviews, was still feeling the intensity of these emotions. As Sharon stated, even ten years after her uncle's death she still felt remnants of her grief.

I hear a bagpipe and I think about my Uncle J because he was learning to play the bagpipes and there was a lone piper on the hill at the cemetery. And then, 'How Great Thou Art'. He had this great big bellowing voice when he sang and I can't sit through it without breaking down and crying, even to this day. But it slowly fades. (Sharon)

Ria, Ben, Shera, and Louis all talked about dreaming of the deceased. Two participants, Ria and Shera, even had nightmares. Ria spoke of a nightmare about her grandmother, but when she told her Dad he got upset which in turn upset Ria. She never told him about her nightmares again. Shera experienced several in the months following the death of her cousin. She became afraid to sleep for fear of reliving them; therefore, she suffered from insomnia as well. These symptoms of grief appeared only to occur during the first year of bereavement.

Grief was described as helping some participants by encouraging them to live their lives in more positive ways. Shera identified with her cousin's assertive ways and was able to use her cousin as an example for herself. In this way she created a significance or purpose for her cousin's death, and at the same time improved her own way of being in the world.

I was sitting there and I was looking at this picture of my husband and my daughter...and I realized that you can't ever run all your life. You've got to [stop]. [Eventually, you reach] a stage and a phase in your life [when] you have to stop and you have to turn around and you have to face your fears. You have to entrench yourself and say, 'This is who I am', 'This is what I am', 'If you don't like it, that's OK.'. That's what her [my cousin's] death did for me. (Shera)

This stage of grief then, helped Shera to improve her life. Ben also learned to live his life better as a result of his loss, although he did not elaborate on how these changes came about. "It gave me more of an understanding for another person, to have some patience" (Ben). Ben and Shera were both able to improve their lives as a result of their grief.

Other symptoms of grief were also described. Lori and Louis both described being restless. Lori said she had a feeling of being lost; wandering aimlessly. As a method

of self consolation she would talk to herself and write poetry. She managed to go through the daily motions of living and working but recalled this period of time as being “gross.” Louis, too, at the loss of his daughter, described a time in which he could not sleep and was restless. When his wife died he had the same restless moods, cooking and cleaning all night and working at his job all day.

Both Ben and Shera experienced feelings of isolation. Ben went into seclusion for three to four days after his Mom’s funeral and Shera believed that nobody could understand her grief. Any support Shera had did not seem adequate. Restlessness and isolation appeared to be a fairly common symptom of grief for these participants.

Comparing Rando’s (1984) psychological and social manifestations of grief with participants’ grief, it appeared that participants’ mourning experiences were normal. According to Rando (1984) indications of complicated grief are when mourners are caught up in any psychological or social manifestations for an extended or interfering period of time. There appears to be no connection between complicated mourning and the presence of ADCs among the participants of this study.

It is important to emphasize that the ADCs helped many participants in their grief. For Ria, the ADCs helped shift her grief from one progressive phase to the next. As she said, when her nan died, Ria went to work the next morning. “When she [nan] passed away we got the call around 3:00 in the morning. And I went to work that morning. I was waitressing at the time and I had to do the opening shift and I was by myself at that point and I sat there and there were no tears” (Ria). Ria is describing the numbness experienced in the initial phase of grief. It was at this point that Ria experienced the ADC with her nan. This changed her perceptions of her nan’s death, creating an experience that Ria

described as wonderful, giving her the opportunity to move forward in her grief. Louis' first ADC with his daughter helped him recognize that she was gone, shifting his grief from the first phase to the second. Ben also found the ADCs beneficial. "[The ADCs] helped me out a lot. Just the fact she didn't actually say anything explicit. It was her way, to sit down and talk and gab and whether it be about the flowers and the trees or the bees or whatever. She just made people feel good" (Ben). He was able to return to work without any interfering emotions, shifting his grief from the second phase into the third. Further, participants claimed that the ADCs calmed some of the intense emotions. The only ADC reported in this study to have negative effects was that of Louis' terrifying ADC with his father. Since he did not know his father, Louis was not grieving; hence, cannot be included in this category. Louis claimed that ADCs with his daughter, whom he was grieving for, "somehow relaxed some of the stress" (Louis). Never were there indications that any of the ADCs caused any participants prolonged or more intense grief or that the ADCs were a result of prolonged or intensified grief.

Many ADCs were reported to have occurred in the absence of grief. Jane was only five years old when her grandmother died. She could not comprehend why everybody around her was upset. She said she had not been grieving. When she experienced her ADC with her father-in-law she could not have been grieving because it was the ADC that informed her of his death. She had hardly known the acquaintance, hence did not suffer pain from his death. Louis had been adopted out of the family, hence he never really knew his father. Because they were not close, he said he did not feel as though he had suffered a loss when his father died. Sharon's ADC with her uncle took place ten years after he died and she believed she was not grieving either. "I wasn't even thinking

about him. I wasn't grieving either. All I was doing was enjoying the drive" (Sharon). Neither was Sharon grieving for her partner's deceased wife, even though they had been close, when the residual ADCs occurred. Many of the participants' ADCs occurred in the absence of grief, thus providing evidence that ADCs are not always a reaction to grief. Rando's (1984) reasoning for the hallucinations, that the mourner is creating "a sense of control and predictability in a world that has lost order," (P. 34) does not fit with the needs or experiences of these participants at the time of their ADCs.

The Sensitivity of the Participants

Although, not a question in the initial interviews it became clear that the participants in this study displayed a sensitivity toward others. Further, they believe they have had other paranormal experiences besides the ADCs. This shows that if this other spiritual reality spoken of earlier actually exists, the participants might have some extrasensory ability to perceive it.

Sensitivity toward others was demonstrated in two different ways. Ben, Ria, and Sharon displayed extreme caring for others.

I sometimes felt like I was the feeler of emotion in the family. I was the one who felt everything. And even now that's, I think, that's why when people are experiencing something I feel it so much with them. Because I was kind of the lightning rod in our family that experienced emotion that everybody else was kind of covering up or trying to hide or being strong about, or whatever. (Ria)

For Ria, experiencing the emotions for others was developed in her childhood. Ben and Sharon also demonstrated having had an extreme sensitivity toward others since childhood. Their sensitivity was best demonstrated during funeral services when other

family members needed support. Ben felt he was closer to his Mom than anybody else. He looked after her, seeing her through tough years, yet at his Mom's funeral he was the one comforting other family members. He remained the strong one. Ria, too, was concerned about her sister's and her father's grief at the neglect of her own. Watching her father trail his hand along the casket left her choked with emotion for his loss. Sharon also displayed a caring for others while she put her grief on hold to look after other family members' grief. Since her uncle had been a policeman for a large city, his funeral was very extensive. She set up the reception, found places for family members to stay, and organized the hundreds of people who came to pay their last respects. She put her own grief on hold for the benefit of others. It is possible that this type of sensitivity is what allowed these participants to be receptive to their ADCs.

Psychic tendency was another form of sensitivity that was reported by participants. Ria, Jane, Louis, and Lori believed they have acquired psychic abilities. They said that although they cannot control this they often perceive another reality that others tend not to notice, such as in the ADC experiences. "I had Jean there...She knew something had happened. [But] She didn't see it. She didn't hear it" (Louis). Ria and Lori believed this trait to be hereditary or at least passed on from one generation to the next. "I think that father's psychic. I think that's where we get it from. It kind of flows down that chain; more on that side" (Lori). Some participants believed that these psychic tendencies might be related to their abilities to perceive the deceased.

All participants, whether they regarded themselves as being psychic or not, felt they had experienced metaphysical events other than the ADCs. Sharon experienced the presence of her partner's deceased wife just prior to being in an accident similar to the

one which had killed her partner's wife. Jane received warnings of impending death. Ben said he had turned down a flight for work because of a bad feeling and later learned the flight had crashed, killing all on board. Louis said he knew something bad was going to happen before his daughter's death. When she left home he begged her not to go. He 'knew' something bad was going to happen. Six months later she was in the accident that killed her. Hence, all participants described what they believed to be metaphysical events of differing kinds besides the ADCs. This heightened sense of the needs or thoughts of others and/or of another reality could be linked with the participants' receptivity to such experiences.

These findings are consistent with Guggenheim and Guggenheim's (1995). They state that one has to be receptive in order to perceive the deceased. Presumably this sensitivity demonstrated by the participants is related to Guggenheim and Guggenheim's (1995) receptivity.

Participants' Religious and Spiritual Beliefs

As was previously stated, the ADCs were described as being spiritual experiences. However, only one ADC reflected an established religion.

Initially, Ria explained how her grandmother's presence was in the church when the words of comfort were spoken to her. However, she was unsure who spoke the words; her grandmother or God. In the follow-up telephone interview, Ria claimed to be more connected to her spirituality than she had been, and as a result felt that the words she experienced during her ADC came from her Guardian Angel. Ria's ADC with her grandmother was unique in that it was the only one to include a religious figure. Some

may want to omit this experience from this study because of Ria's inability to be sure who spoke the words. However, the essence of the experience was like the others and Ria did say she could feel her Grandmother's presence; therefore, I have chosen to keep it.

In review of this final chapter of results; it was found that participants who had been grieving appeared to experience normal grief, not complicated as some might suspect. It was also noted that the participants' abilities to be receptive to ADCs was related to their sensitivity toward others and other realities. Further, any formal, organized religious beliefs of the participants appeared to play little role in the way the ADCs were perceived.

CHAPTER SEVEN

CONCLUSION

Perceiving the presence of the deceased was described by each of the seven participants of this study as a spiritual experience controlled by the deceased. All but one participant have no doubt that they were in genuine contact with the deceased. Although most were grieving at the time, some were not.

Participants reported that when others were present, these other people often indicated that they were aware the participants were experiencing something unusual. Since the others were not perceiving the presence themselves, they did not know what was effecting the behaviour. Only one incident was reported in this study to be a shared experience with another person.

Participants explained how their experiences were like entering another dimension, yet this dimension was perceived as being more real than the ordinary reality we all experience on a daily basis. Although the experiences caught some participants by surprise, they were described, for the most part, as feeling very natural. As a general rule, the participants witnessed the presence of the deceased or 'felt' his or her presence. Some heard the voice of the deceased, while some perceived the voice by means they associated with telepathy. These descriptions closely resemble those accounts collected by Guggenheim and Guggenheim (1995); hence, their term After Death Communication, or ADC is used throughout the results.

All participants had difficulty in describing their experiences. They said words do not exist to fully describe the incidents. They used analogies and often repeated descriptive words in their struggles to portray the meaningfulness of their experiences.

This profound meaning-fullness is probably the factor that defines the spiritual essence of these experiences.

All participants' lives were affected to some degree by the experiences, whether it strengthened or changed religious and spiritual beliefs or helped them resolve their grief. Only one experience was described as less than positive. It is interesting to note that this frightening experience still contained a message with positive intent.

Most participants said they did not share their experiences freely; the main reason being the personal and meaningful nature of the incidents. However, some felt they may be misunderstood by others. When they did share they were generally given positive feedback but some simply were not believed or were considered crazy by others. They felt sharing with counsellors would bring similar results. Counsellors, they said, would try to convince them they had hallucinated.

Although I avoided descriptive accounts of the phenomenon until I had completed my initial conclusion, I found that when I did read them, other studies which focused on this phenomenon had relatively similar results. Even cross-culturally, it appears that perceiving the presence of the deceased is universal; however, culture has a tendency to shape the meaning of the experience (Nagel, 1988).

Guggenheim and Guggenheim's (1995) collection of over 1200 accounts of these experiences shows remarkable similarity to the experiences of the seven participants in this study. Of the eleven different types of ADCs Guggenheim and Guggenheim (1995) identified, the following eight were described in this study:

- Sentient ADCs
- Auditory ADCs
- Tactile ADCs
- Olfactory ADCs
- Visual ADCs - Partial Appearances
- Visual ADCs - Full Appearances
- Sleep State ADCs
- ADCs of Physical Phenomena

Other similarities noted include the following:

- Feelings of great comfort and joy
- ADCs that occurred while driving.
- The implication that our deceased loved ones continue to love and care for us in an after-life.
- The result of ADCs easing grief
- Messages of the intent of the deceased persons to reincarnate or to be reunited after the death of the survivor.
- The occurrence of an ADC on a special date.
- The ability of an ADC to imply that we have purposes to fulfill before our deaths.

- The ability of the ADCs to free living people, enabling them to live life to its fullest.
- The fear of participants that others will think they are weird or crazy.

Other studies reflected these similarities. Following are a few examples. Nagel (1988) reported that Navajo women experience perceiving the presence of the deceased as bringing “great relief and comfort” despite the fact that the dead are to be feared. Matchett (1972) found that continued visitations from a deceased relative was a normal part of grieving for Hopi Indian women and that they provided comfort. Grimby (1998), who studied hallucinations following the loss of a spouse among 50 widowed Swedes, reports how the experience relieved the intensity of the grief. Hollan (1995) examines the struggle of a Toraja man, To Minaa Sattu, with the loss of his parents, and has found that the Toraja believe that after the death the relationship continues to exist on a new, transformed basis; that is, the souls of the dead provide spiritual protection for the survivors. This man, To Minaa Sattu, described other similarities such as messages of advice and guidance from the dead and said that we need to fulfill duties in life before our deaths.

Similarities to this study were also reported in the work done by Rees (1971), who studied hallucinations of widowhood among 293 widowed Britains located in mid-Wales. He found that the reported visitations were rarely disclosed and that the experiences were considered normal and helpful. Matchett (1972), in his study with the mourning process among Hopi Indian women, recognized the experiences as being perceived as a different reality. As a whole, most studies, whether they were from other cultures or our own, reflected the essence of my findings

Differences were also noted in a few studies. Most notably was an article written by Yates and Bannard (1988) in which they theorized that “hallucinations reflect an unmet developmental need in the child and family systems dysfunction which has left unmet” (p. 573). Of the examples of cases provided, there were three that were chosen to demonstrate this theory. No mention was given of hallucinations within functional families. Further, the hallucinations did not appear to resemble those described in other studies. Yates and Bannard (1988) described terrifying aberrations such as “green hands” searching to take the child away. In another study done by Shen (1986) a Hopi Indian man had disturbing hallucinations until he resolved the grief for his deceased father. It should be noted that this young man had turned to alcohol after the death, and his alcoholism and hallucinations had both been medically treated. Nagel (1988) reports of a Navajo woman who had repeated experiences involving her deceased mother. Not until she participated in Navajo culturally based ceremonies, which she had previously refused, did she begin to have pleasant dreams of her mother in the after-life.

In these examples, it can be pointed out that the subjects had not had the opportunity to grieve appropriately, whether it was due to family dysfunction, alcohol, or the failure to meet cultural needs. Here, I pose a question. Is it fair to say, that perceiving the presence of the deceased could be an experience magnified by the beholder’s state of mind? For one who functions well, these experiences can be pleasant, even wonderful. On the other hand, for those who are struggling, the experiences can be terrifying. It could even be considered that Louis’ terrifying ADC with his father could have occurred at a time when Louis was struggling. Louis was, at the time, undergoing a life style change,

and may have been under more stress than he realized. This avenue of exploration is, I believe, worthy of study.

A look at perceiving the presence of the deceased cross-culturally reveals some interesting findings. Although studies directed toward the phenomenon were difficult to find, studies on cross-cultural grief presented some interesting information. Hollan (1995) reports, "A person's movements through the stages of grief work may be facilitated or impeded by social and cultural variables, but the grieving process and its resolution remain relatively invariant and identifiable cross-culturally" (p. 424). One invariant appears to be the experience of perceiving the presence of the deceased. Matchett, in 1971, believed the phenomenon to be relatively isolated among Hopi Indian, however, recognized that the idea had existed in American culture in the past. He cites Shakespeare, the Bible, and Dickens for evidence. His explanation was that the phenomenon was born of centuries of isolation. Contrary to Matchett's belief, the phenomenon has been shown to exist in a variety of cultures, including our own, from Wales (Rees, 1971), to various native tribes (e.g., Shen, 1986; Nagel, 1988; Hollan, 1995), to our own North American culture today (e.g., Yates & Bannard, 1988; Guggenheim & Guggenheim, 1995). However, the beliefs surrounding the phenomenon appear to differ among societies. For example, the Navajo, as reported by Nagel (1988), believe mourning should only be allowed for four days after the death. After that, the dead must be avoided because ghosts are considered pathogenic. Hollan (1995) says that the Toraja believe, "It is good to maintain connections with the dead, but this can be carried only so far; the place of the living is with the living, and the place of the dead is with the dead." Perhaps, all cultures could adopt this simple piece of advice, for Nagel

(1988) found that the absence of permission to talk openly to other Navajo people about their continued hallucinations may have contributed to the unresolved grief he was seeing. Nagel (1988) concludes by remarking that, "Perhaps all clinicians would serve their bereaved better in asking them about such experience."

Throughout the analysis I was perplexed as to what to call the experience of perceiving the presence of the deceased. After reading Guggenheim and Guggenheim (1995) I choose to refer to the experiences as ADCs because they closely resembled those described by Guggenheim and Guggenheim and the experiences in this study, fit their definition. This also allowed me to enter into the participants' experiences more fully because they, just as Guggenheim and Guggenheim do, believe the experiences are actual contacts with the deceased. I believe by using this term, participants felt that I believed them and were then able to move past the fear of being judged crazy or weird thus, a clearer understanding of their experiences was achieved. Other researchers have alluded to this same problem, Grimby (1998) says, "The terms hallucination and illusion are never used in my conversations with the bereaved, but occur only in my reports and for lack of any other adequate non-psychiatric term. A term with a less negative charge is "perception" which, if somewhat vague, could be a conceivable alternative, primarily to weaken the association with mental illness" (P. 73). On the other hand, the term "After Death Communication" denotes that the experiences are actual contacts with the deceased. Since this claim cannot be proven, the term ADC is also problematic. "Anwesenheit", meaning presence, has been suggested by Thompson (1982). To date, I have not yet found a satisfactory term to describe this phenomenon.

Opportunity For Further Study

Recognition that perceiving the presence of the deceased is a universal human experience provides opportunity for further study. Given the intensity and impact of these experiences, it is not hard to imagine why they were so important, personal, or special for the participants. The spiritual nature of the experience alone is enough to justify the participants' claims that these experiences were meaningful to them, the fact that each experience was purposeful and helped participants better their lives is enough to justify an effort among mental health professionals, to better understand them.

During the course of doing this research many questions emerged that could be studied further. For example, the various ways in which perceiving the presence of the deceased were experienced; that is, through telepathy, auditory, or visual means, appeared to contain symbols that carried significance for the person having the experience. What relationships exist between the symbols and those having the experience? The ways in which participants' lives were influenced as a result of their experiences seemed only to be touched upon in this study. How significant are these effects? How stable are the changes? The influence of the experiences on participants' religious and spiritual development poses questions regarding how religions may be developed or influenced through this type of experience. Recognizing the receptivity of the participants made me hypothesize why they experienced perceiving the presence of the deceased while many people never do. I questioned the time and length of the experiences because some aspects of the experiences were illogical while others were not.

I also questioned cases in which participants were not mourning when their experiences occurred. It appears that something other than grief triggered these

experiences. According to Guggenheim and Guggenheim (1995) the spirits of our deceased friends and family continually watch over us and contact us when we need additional support in our lives. This statement together with the fact that many participants were not grieving also leads to a potential area for research; for example, how do these experiences differ or how are they similar to other types of subjective experiences?

Another hypothesis one might derive from this research is based on the diminished number of contacts from the deceased as the time after death increases. Again, based on the assumption that actual contact has been made, one might speculate that the spirits of the deceased became weaker as time progresses or maybe there is less need for them to communicate with the living. All we can know for sure from this study is that perceiving the presence of the deceased was experienced more often within the first year after the death and less often as time elapsed.

The scope of studies that could be developed simply because of an awareness of the experience is as broad as one's imagination could take a researcher. All human science disciplines could take their own unique approaches, developing studies that benefit each in its own way.

Implications

The implications of this study extend into the areas of grief therapy, public awareness, and potential questions for further research. With greater understanding of perceiving the presence of the deceased among mourners, mental health professionals are

better prepared to understand and therefore assist clients through the therapeutic process. It is hoped that this study will contribute not only to the knowledge of mental health professionals but also to public awareness of the experience so that mourners may receive greater support from family, friends, and community members.

It is important to note that this small group of seven participants is but an introduction to the experience of perceiving the presence of the deceased. It has helped to identify many fine details of a few experiences; thereby, giving an illustration of what they can be like. This small sampling is only a beginning. Larger studies are required to determine how often they occur, what types are most common, and what effects they have on peoples' lives.

Implications For Research and Counselling Practice

The potential for an abundance of research questions coming from this study is very real, particularly for counsellors and mental health professionals. Researchers can focus on questions that may lead to the development of a greater understanding of grief or the formulation of theory that reflects mourners' perspectives. For example, if we were to find that perceiving the presence of the deceased helped grieving, as it did for the participants in this study, then counsellors could learn to assist clients in exploring their own experiences; thereby, helping to propel them through their bereavement. For those who have upsetting experiences, such as reported by Yates and Bannard (1988), therapists could possibly help lay old issues to rest. Also, for those who receive negative responses from others or for those who question their sanity, therapists could validate clients and make them aware that these experiences are common. Research on whether or not it

might be wise for counsellors to refrain from telling clients they are hallucinating would be beneficial. Counsellors might be more helpful, at least in some cases, to support clients' beliefs. Knowing how to engage clients in disclosure of these experiences so that clients are comfortable in sharing with counsellors would assist professionals in helping those who are reluctant to share. An understanding of how these experiences influence spirituality and religion can assist counsellors in helping individuals in their own development. Workshops and group therapies could help people understand and grow from their own experiences. It is clear that counsellors and others in the helping professions can only benefit from learning and understanding more about these experiences.

The participants are keen to see a better understanding and awareness of ADCs in the general population. This study is one of a handful that is making this attempt. If the experiences described in this study are representative of other experiences of perceiving the presence of the deceased, then a greater awareness and knowledge of them can only be a benefit for all.

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Appendix A

Questions for the In-Depth Interview

The interview process began with a discussion of the study followed by the researcher asking the participants if they had any questions or concerns. When participants appeared to fully understand the research the following question format was utilized.

Tell me about your relationship with (name). What was his/her personality like?

I would like to focus on your experience or experiences of feeling the presence of (name).

Moving back in time to that day, describe to me, without interpretations, what the (first) experience was like for you.

When did or do you experience this?

How did you explain your experience?

At the time of the occurrence what did you think was happening?

Do you still feel it that way or do you now have a different explanation?

What effect did this experience have on your life?

Is there anything more you'd like to tell me about (name) or your experience(s)?

Do you feel you have described your experience(s) well enough for me to understand what the experience(s) was/were like for you or is there more you'd like to say?

At what point in your grief did you have these experiences?

Did you tell anybody about your experience?

If so,

who?

What was his or her reaction?

If not,

why was that?

Did you talk to a therapist or counsellor about your experience?

If so, what was his or her response?

Was the therapist's response helpful?

If so, in what ways?

If not, what do you feel would have been helpful?

This question format served only as a guideline to ensure that all areas of concern were covered. The interview questions prompted spontaneous questioning in other areas of the experiences. By leaving opportunity for participants to explore these other areas that were meaningful to them, the researcher tapped into the unique properties of the experiences.

Appendix B
Reading the material for a sense of the whole

Ria R13-14	Interpretation Notes
<p>I'm Catholic but I make a distinction between my religiousness and my spirituality. This [experience] had nothing to do with my Catholicism. This had to do with my spirituality. Jonathan Livingston Seagull; Richard Bach talks about him in that book in which a seagull goes through a series of plateaus and as a Catholic I'm not suppose to believe in reincarnation. Whether I do or not I'm still not sure. But even in living we go through a series of plateaus until we reach a point where our bodies are no longer needed. We need this to learn. When we don't need it anymore we just get rid of it. Unfortunately, when we shed it, people who aren't open to it, don't understand that we can still be there.</p> <p>(pause) I see spirituality as energy.</p>	<p>Ria regards her experience as a spiritual one but sees it as having no bearing on her religion or kind of religious beliefs or religious-ness. Spiritually speaking, Ria believes we have lessons to learn while we are physically alive. Each learned lesson is a step closer to living spiritually. When we die we can continue to live spiritually. This level of existence can be understood better if one thinks of it as an energy form of existence rather than a physical form of existence.</p>

Appendix C

Identification of significant statements and formulated meanings

Ria's Significant Statements	Formulated Meanings
R13-50 I'm Catholic but I make a distinction between my religiousness and my spirituality. This had nothing to do with my Catholicism. This had to do with my spirituality.	R13-50 The event was a spiritual experience versus a religious experience.
R13-51 Jonathan Livingston Seagull; Richard Bach talks about him in that book in which a seagull goes through a series of plateaus and as a Catholic I'm not suppose to believe in reincarnation. Whether I do or not I'm still not sure. But even in living we go through a series of plateaus until we reach a point where our bodies are no longer needed. We need this to learn.	R13-51 Ria is unsure about reincarnation but non-the-less recognizes a series of steps that all people go through and that are related to an individual's life lessons. Our physical lives are a tool needed to learn these lessons.
R13-52 When we don't need it [our body] anymore we just get rid of it. Unfortunately, when we shed it, people who aren't open to it [spirituality], don't understand that we can still be there. (pause) I see spirituality as energy.	R13-52 The body is a tool to learn life lessons. When we die we exist as spiritual beings that can be better understood as an energy form.

Appendix D

Example of a theme cluster

Theme: Participants Believed That We Have A Life Purpose

R13-51: Jonathan Livingston Seagull; Richard Bach talks about him in that book in which a seagull goes through a series of plateaus and as a Catholic I'm not suppose to believe in reincarnation. I'm still not sure. But even in living we go through a series of plateaus until we reach a point where our bodies are no longer needed. We need this to learn.

Interpretation: Ria is unsure about reincarnation but non-the-less recognizes a series of steps that all people go through and that are related to an individual's life lessons. Our physical lives are a tool needed to learn life lessons.

S20-45: I feel she's lived an incomplete life because of things she wanted to do and didn't get to do. She's coming back.

Interpretation: The deceased did not complete her life lessons before her death thus was not able to complete her physical purpose. Therefore she will incarnate.

L16-52: We come down and we have things we have to learn and get over and each time we learn we progress a little bit further. If by the end of your life you haven't progressed far enough than you do it again. And you come back, until you get it right.

Interpretation: We are born into a physical existence in order to learn life lessons. We continue a cycle of life and death until all life lessons are learned.

Appendix E

Counsellor's Consent Form

Description of the Study

I, Barb McLean, Master's student in Educational Counselling at the University of Northern British Columbia am writing a Master's thesis under the supervision of Doctor Martha MacLeod. The nature of my study requires that I interview, in-depth, five mourners about their experiences of perceiving the presence of their deceased loved ones. The purpose of the study is to begin to fill in the gaps in the existing literature; that is to learn about the nature of the experience from the perspective of the mourners. These experiences are perceived to be hallucinations by some therapists, while some mourners appear to perceive them as paranormal experiences. The information obtained from this study will be useful for grief therapists as well as the general public by providing both groups with a better understanding of mourners' perspectives.

Counsellor's Consent

I have a clear understanding of the above research purpose and procedure. It is my understanding that if unresolved grief issues surface during the in-depth interviews with the researcher, the participants will be asked to receive grief counselling.

I, _____ (counsellor's printed name), am willing and agree to follow up on any concerns brought to my attention. I know I can reach the researcher, Barb McLean, at 562-8446 or her supervisor, Doctor Martha MacLeod, at 960-6507 if I have further concerns or questions.

Counsellor's Signature

Researcher's Signature

Appendix F

Consent to Participate Form

I, _____, agree to participate in the study as described below. I understand that Barb McLean, Master of Education (Counselling) student at the University of Northern British Columbia, is interested in the grief response of perceiving the presence of the lost one, or visitations, as they are sometimes called. Having had these experiences personally, I agree to share them with Barb through the process of in-depth interviews. I will attempt to recall and describe the experience as it happened to me at the time. I understand that the purpose of the study is to help mental health professionals gain an understanding of these experiences so that they are in a better position to provide helping resources to mourners.

My identity will remain confidential by the use of a nickname which I will choose. Only Barb will know my true identity. I am aware that the interviews will be audio taped and transcribed for the purpose of analyzing my experiences and that the audio tapes will be erased at the conclusion of the study. The transcriptions will not include any data that may identify me and will be kept for the purpose of comparing my experiences with other studies that may evolve.

My responsibility as a participant is a willingness to be interviewed by Barb for one or two hours. She will ask me to reflect on my experience, recalling as closely as possible how the experience affected me at the time. I understand I may be contacted for a follow-up interview to establish accuracy of her description of my experience.

I understand that there is a chance that emotions may be elicited through the sharing of my intimate thoughts and feelings. If negative aspects occur I agree to receive grief counselling at the Prince George Rotary Hospice House, UNBC Counselling Centre, or with another counsellor of my choice.

As a participant I understand that I have the right to withdraw completely or withdraw any contribution I have made to the study at any point. Any and/or all material will be withdrawn and destroyed at my request.

My signature below is received by the researcher as my consent to participate in the study. I can contact the researcher, Barb McLean, at 562-8446 or her supervisor, Doctor Martha MacLeod at 960-6507 for more information.

Participant's signature

Barb McLean
Researcher's Signature